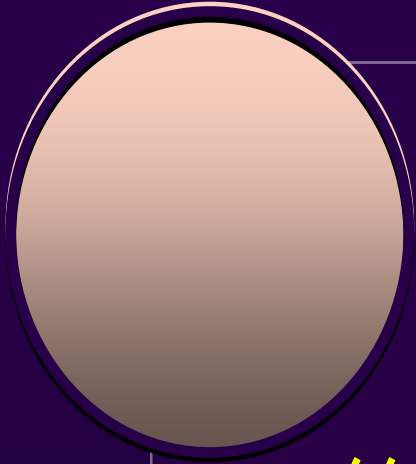




**IF YOU THINK
WORK IS BAD FOR
PEOPLE WITH MENTAL ILLNESS,**

**THEN WHAT ABOUT
POVERTY,
UNEMPLOYMENT,
AND
SOCIAL ISOLATION?**

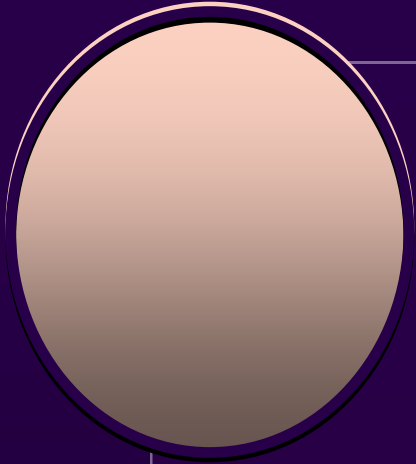


**“I feel so miserable
without you,
it's almost like
having you here.”**

Stephen Bishop

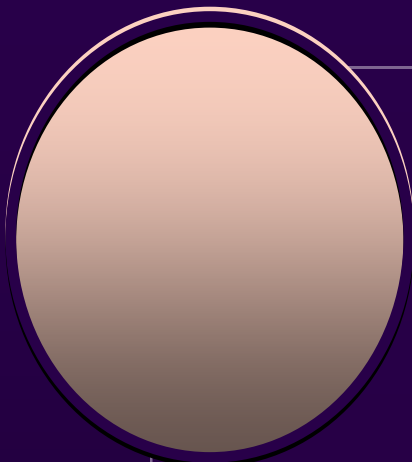
**“ A MAN’S WOMENFOLK,
WHATEVER THEIR OUTWARD
SHOW OF RESPECT FOR HIS
MERIT & AUTHORITY, ALWAYS
REGARD HIM SECRETLY AS AN
ASS, AND WITH SOMETHING
AKIN TO PITY.”**

H. L. MENCKEN



***“ ALL CHANGE IS DIFFICULT –
NO MATTER HOW LONG YOU
PUT IT OFF. “***

----- JOE MARRONE



JOE MARRONE

INSTITUTE FOR COMMUNITY INCLUSION

MAIN OFFICE: BOSTON, MA

NW OFFICE:

4517 NE 39TH AVENUE

PORTLAND, OR 97211-8124

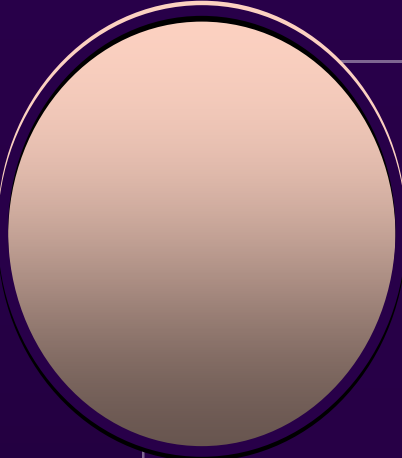
TEL: 503-331-0687

HOME TEL: 503-331- 0486

FAX: 503-961-7714

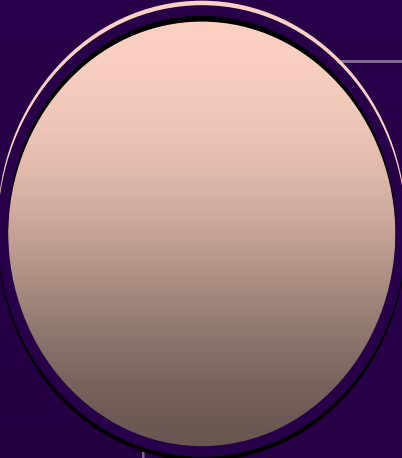
EMAIL: JM61947@AOL.COM

WEB: *WWW.COMMUNITY INCLUSION.ORG*



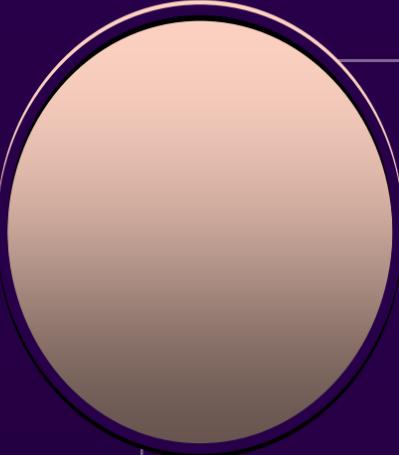
**" Never offend
people with style
when you can offend
them with
substance."**

Sam Brown



**“ I CAN’T UNDERSTAND
WHY PEOPLE
ARE FRIGHTENED OF
NEW IDEAS;
I’M FRIGHTENED OF THE
OLD ONES.”**

JOHN CAGE, COMPOSER



VISION OF RECOVERY
JOE MARRONE

***RECOVERY MAY BE A
JOURNEY;
BUT IF YOU NEVER GET
ANYWHERE,
IT CAN EASILY BECOME
A TREADMILL.***



VISION OF RECOVERY

JOE MARRONE

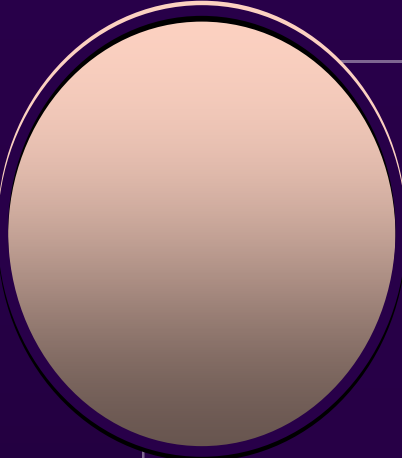
**IS WORK THE MOST IMPORTANT
PART OF LIFE FOR EVERYONE?**

**NO. BUT IT IS THE MOST
IMPORTANT PART OF LIFE THAT
WE IN HUMAN SERVICES ARE
LEAST SUCCESSFUL AT HELPING
OUR CONSTITUENCY ACHIEVE.**



VISION OF RECOVERY

**SHOULD WORK,
NOT JUST
“MEANINGFUL” OR
“PRODUCTIVE” ACTIVITY
BE AN ESSENTIAL PART OF
RECOVERY VISION?**



**“LIFE LIVED WITHIN THE
CONFINES OF THE HUMAN
SERVICE & REHABILITATION
LANDSCAPE IS A LIFE IN
WHICH THE FREEDOM TO
BECOME & MAKE YOUR OWN
FUTURE IS DIMINISHED”**

PATRICIA DEEGAN

**20th World Congress Rehab International: Oslo, Norway
– JUNE 2004**



I WORRY ABOUT:

- DISCRIMINATION NOT STIGMA
- BEHAVIOR NOT ATTITUDE
- CITIZENSHIP/CIVIL RIGHTS NOT CONSUMERISM
- POWER/CONTROL NOT CONSUMERISM
- COMPETENCY NOT COURTESY
- LOVE/RELATIONSHIPS/SEX NOT INTERVENTION/ SERVICES
- JOBS/ CAREERS NOT VOCATIONAL PROGRAMMING



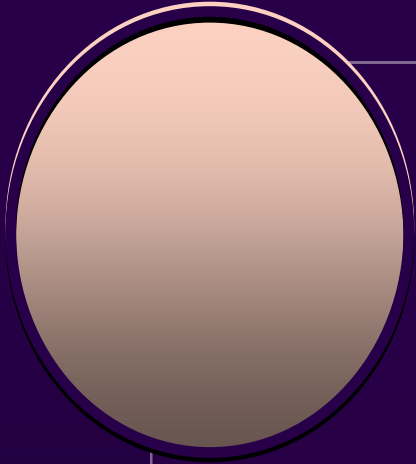
PETER DRUCKER

**“ THE MOST IMPORTANT
THING IN
COMMUNICATION IS
TO HEAR WHAT IS NOT
BEING SAID ”**



VALUES IN WORKING WITH PEOPLE W. MI IN THE COMMUNITY

- CULTURE OF CLIENT BENEFIT – LIVING, WORKING, RELATIONSHIPS
- PEOPLE HAVE RIGHT TO CONTROL THEIR LIVES, THEIR TX, & KINDS OF HELP THEY RECEIVE. STAFF SHOULD INFLUENCE.
- ALL PEOPLE NEED HOPE & SUPPORT
- PEOPLE W. MI DO GET BETTER --- > 60%
- SYMPTOMS NOT PREDICTIVE IN OTHER AREAS
- PEOPLE CAN WORK, SO THEY SHOULD WORK
- PEOPLE W. MI BEST SERVED IN COMMUNITY
- COMMUNITY/ PEER/ FAMILY SUPPORTS + PROS



**IF EVERYONE'S
ALREADY DOING
IT,**

**HOW COME IT
NEVER GETS
DONE ???**

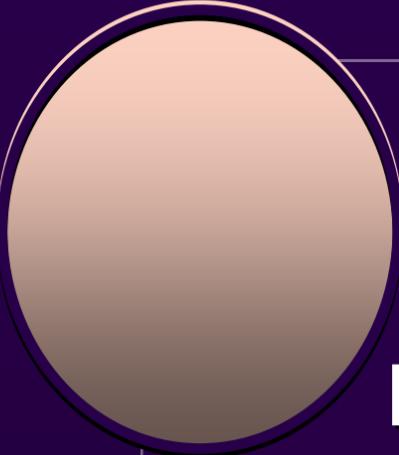
" In terms of overall psychometrics, the strongest measure was the MIRECC GAF occupational subscale. Results demonstrated good convergent and discriminant validity, with 40% of the variance accounted for by work and school status. Predictive validity of this subscale was also very good, probably because the construct of work is concrete, easy to measure, and *unlikely to change much over time (emphasis mine)*. "

PSYCHIATRIC SERVICES, APRIL 2007



OUTCOMES THAT SHOULD BE SOUGHT IN COMMUNITY MENTAL HEALTH

- Employment and educational outcomes
- Housing outcomes
- Course of illness, including hospitalizations & distressing symptoms and/ or self - injurious behavior
- Community participation/ citizenship
- Income support
- Client satisfaction with their own lives
- Client satisfaction with MH services



**OUTCOMES THAT SHOULD BE
SOUGHT IN COMMUNITY SERVICES**

**BECOMING A BETTER PERSON AND
“SELF REALIZATION” IS
THE CONSUMER’S RESPONSIBILITY.**

**HELPING PEOPLE GET EMPLOYED,
GET HOUSING, STAY OUT OF
HOSPITAL (& JAIL) AND
REDUCE SYMPTOM IMPACT ARE
STAFF’S RESPONSIBILITIES IN
PARTNERSHIP WITH THE PERSON.**

Recovery Oriented System Indicators (ROSI) Measure

**The National Research Project for the
Development of Recovery Facilitating
System Performance Indicators**

Steven J. Onken, Jeanne M. Dumont

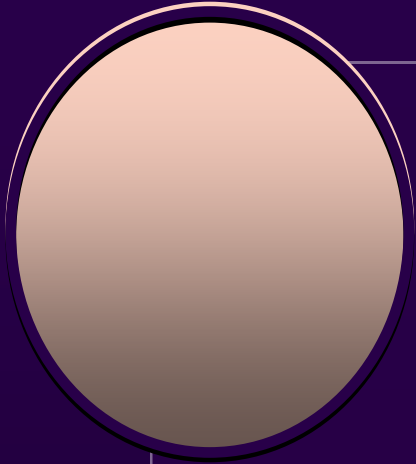
Priscilla Ridgway, Douglas H. Dornan, Ruth O. Ralph

Universal Measures

- **Consumer Outcomes Perception**
- **Active Participation in Treatment Planning**
- **Recovery Orientation**
- **Quality of Interaction of Clinicians and Consumers**
- **Quality of Treatment**
- **Safety – Medication Errors**
- **Availability of Services**
- **Initiation of Treatment**
- **Cultural Competence**
- **Co-Occurring Problem Screening**
- **Social Connectedness**
- **Reduction of Symptoms/Increased Functioning**
- **Criminal Justice/Juvenile Justice Involvement**
- **Availability of Information/Education**
- **Stability in Family/Living Conditions**

Population or Setting Specific

- **Peer Support (Adults)**
- **Improvement in Work Functioning (Adults)**
- **Access to New Generation Medications (Adults)**
- **Illness Self Management (Adults)**
- **Improvement in School Functioning (Children)**
- **Social Relationships (Children)**
- **Illness/Self-Management (Children)**
- **Seclusion (Inpatient)**
- **Restraint (Inpatient)**
- **Consumer Perception of Access (Comprehensive Community Systems)**
- **Other Indicators:**
 - **SAMHSA Outcome Measures**
 - **Increased Access to Services (# of people served by age, gender, race and ethnicity)**



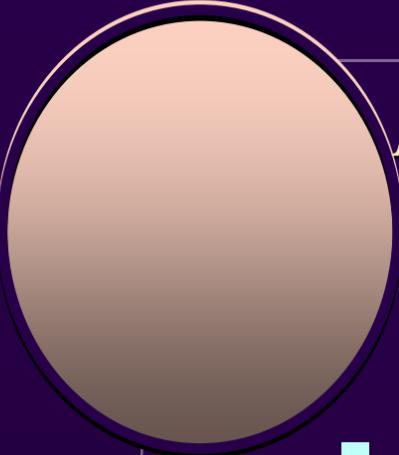
CHARLES MCCABE

***"Any clod can have
the facts,
but
having opinions is
an art."***



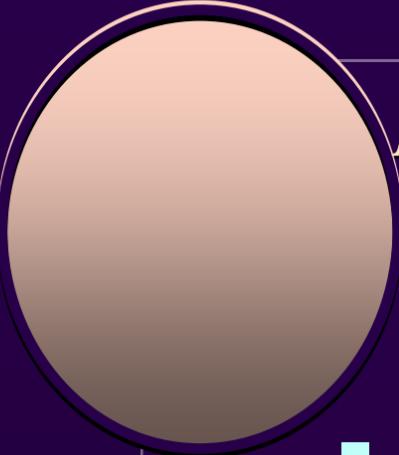
ABIGAIL ADAMS

**“ WE HAVE TOO MANY HIGH
SOUNDING WORDS
AND
TOO FEW ACTIONS THAT
CORRESPOND WITH THEM. ”**



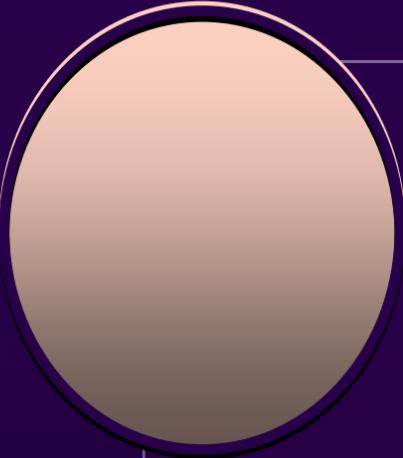
PRACTICE GUIDELINES for CLINICIANS
WM TORREY, et al in
PSYCH REHAB JOURNAL, SPRING, 1998

- **“ REALISTIC ” VOC EXPECT.**
- **COORD CLINICAL & VOC PLANS**
- **SUPPORT/ PROBLEM-SOLVING**
- **JOB MATCHES for ILLNESS MGMT**
- **HELP MANAGE ILLNESS**



PRACTICE GUIDELINES for CLINICIANS
WM TORREY, et al in
PSYCH REHAB JOURNAL, SPRING, 1998

- **HELP MANAGE SA**
- **HELP MANAGE
INTERPERSONAL ISSUES**
- **HELP INTERACT W. SOCIAL
NETWORKS**
- **HELP KEEP POSITIVE FRAME
OF MIND**



BILL ANTHONY
(BU, CPR)

**RECOVERY IS WHAT
PEOPLE W. DIS. *DO***

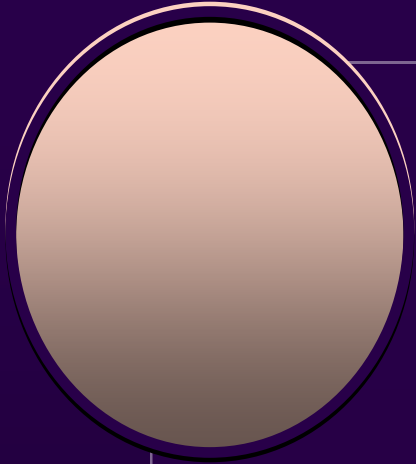
***TREATMENT, CASE MGMT,
REHAB ARE WHAT HELPERS
USE TO FACILITATE
RECOVERY***

MH CONSUMER- SAMHSA REPORT 2006

“ I heard about recovery in 1998, but at one point a psychiatrist told me my illness was ‘like a record. Every year the needle goes around and makes deeper and deeper scratches, until someday there are only scratches—no music’. I Immediately changed providers.”

TERRY PRATCHETT

**"I'll be more enthusiastic
about encouraging
thinking outside the box
when there's evidence
of any thinking going on
inside it. "**



Why Are There Problems in Empowerment?

"In the history of the world,
no one has ever washed
a rented car."

Lawrence Summers



CONSUMER DRIVEN IS NOT:

- ***JUST SAYING YES***
- ***STAFF ONLY PLACATING***
- ***AVOIDING OPINION***
- ***CONSUMER RUN***



CONSUMER DRIVEN IS NOT:

- ***AVOIDING RESPONSIBILITY TO INFLUENCE***
- ***"I TOLD YOU SO"***
- ***JUST LISTENING WITHOUT HELPING***



CONSUMER RUN ?????

- **WHO IS A CONSUMER?**
- **IS CONSUMER-RUN
SELF-HELP GROUPS?**
- **ARE THERE THINGS ONLY:**
 - **MH PROS SHOULD DO?**
 - **CONSUMERS SHOULD DO?**



CONSUMER RUN ?????

- **SHOULD THE INTERESTS OF STAKEHOLDERS BE CONSIDERED?**
- **PUBLIC ACCOUNTABILITY ?**
- **CONSUMER INITIATED?**
- **SHOULD MH SYSTEM CONTINUE TO FUND AFTER SEED MONEY ENDS?**



Neglect - Over Protective Continuum



It's the client's choice. We are supposed to support choice. Let him/her do what he/she wants.

Neglect, not empowerment

We can get the client to do the right thing. Arrange things so he/she has to do it our way.

Over protectiveness and toxic help

Pat Deegan PhD & Associates © 2004



SOME KEY OVERALL POINTS

- ***REHAB MAY BE CONSIDERED A TERTIARY INTERVENTION BUT IT NEEDS TO BE PRIMARY FOCUS EARLY IN TREATMENT***

***STRENGTHS BASED
TREATMENT PLANNING =***

- **Personal statement of problem, need, want**
- **Resources/ strengths person has to deal w. problem**
- **Professional MH interventions available to person.**
How will they be accessed?
- **Other supports outside MH system available to person.**
How will they be accessed?
- **Who will do what?:** Client, Professional MH resources, non – MH resources (both formal and informal)? When?
- **How will success/ resolution be measured?**
When will it be achieved?
- **What needs to happen for person to move on from the MH System of Care?** Should [s]he? If not, why?
- **If person graduates or leaves, what will be done to ensure [re]access if needed?**
- **As well as the mandatory areas of treatment, domains of Housing and Work/Education always should have a statement as to how they are addressed.**
What if person does not want them addressed?



AGENCY REASONS FOR GOOD TREATMENT/ RECOVERY PLANNING

- **NECESSARY FOR PROVIDING QUALITY CARE**
- **BEST PRACTICE**
- **SELF GUIDING MAP FOR CLIENT AND STAFF**
- **QUALITY ASSURANCE AND IMPROVEMENT
FROM SUPERVISORS & ADMINISTRATORS**
- **MEANS OF GIVING CONSUMER SUCCESS**

AND FOR CMS:



FOR CMS:

2 MAIN AREAS

FOR TREATMENT PLANNING:

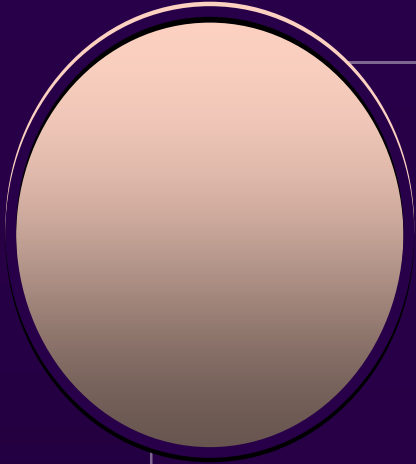
- **STABILIZATION/ REHAB**
- **AMELIORATION/ RESOLUTION**
- **SYMPTOMS/ PROBLEMS**

OR

- **MAINTAINING STABILITY**
- **PRESERVING GAIN/ FUNCTIONING**

***PERSON CENTERED
PLANNING FOR THE
MILLENNIUM:
I'M OLD ENOUGH
TO REMEMBER WHEN
PCP WAS STILL A DRUG!***

(MARRONE, HOFF, HELM -- JVR, 1997



Rabindranath TAGORE

***" YOU CANNOT
CROSS THE SEA
MERELY
BY STARING
AT THE WATER "***

Person-Centered Planning: **Basic Principles**

(MARRONE, HOFF, HELM, JOURNAL OF VOC REHAB, 1997)

- **Primary direction from individual**
- **Involvement of family & friends**
- **Reliance on personal relationships as primary source of support**
- **Positive focus on capacities & assets of individual, not limitations**
- **Focus on routinely available settings, services & supports**
- **Tolerance for uncertainty, setbacks, false starts, disagreements**

Core Values

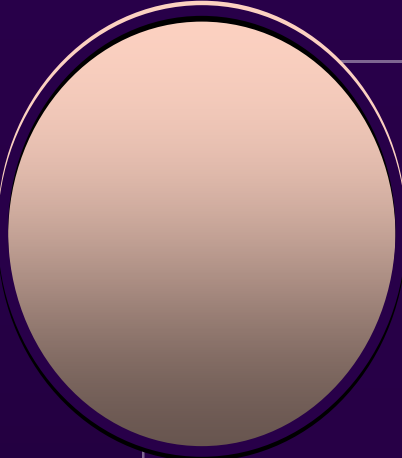
(MARRONE, HOFF, HELM, JOURNAL OF VOC REHAB, 1997)

- Not just person-centered, but person-driven
- Need a facilitative advocate
- Transforms power from professional to individual
- Involves action as well as planning
- Based on positiveness, dreams, aspirations
- Getting multiple perspectives as way of generating creative brainstorming forms base of process
- Most important thing to be facilitated is the process (planning, follow-up, re-planning) not the meeting itself



QUENTIN CRISP

**“ THE VERY PURPOSE OF
EXISTENCE IS TO RECONCILE
THE GLOWING OPINION WE
HOLD OF OURSELVES WITH
THE APPALLING THINGS
THAT OTHER PEOPLE
THINK ABOUT US. “**



**“IT IS NEARLY IMPOSSIBLE
TO MAKE YOUR OWN
FUTURE
WHEN YOU ARE NOT PART OF
THE
ECONOMIC FABRIC
OF THE CULTURE
YOU LIVE IN”**

PATRICIA DEEGAN

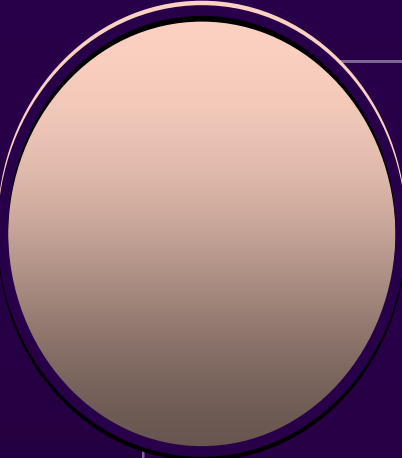
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– JUNE 2004**



IF PEOPLE
CAN WORK



PEOPLE
SHOULD WORK



**REASONS WHY
PEOPLE WITH
MENTAL ILLNESS
DO NOT WORK ???**

**REASONS WHY
THEY SHOULD ???**

MARRONE NAG

“ Access to employment in our society is both a right & a responsibility. We expect that citizens will be productive and participate in a society integrated by race, gender, age, ethnic origin, & disability. The fact that people have the right to choose not to work in a free society does not mean that public systems have to remain neutral about the merits of such a choice.

A relevant analogy: Students have the legal right to drop out of school at age 16, yet we clearly have a social and educational policy that seeks to discourage people from doing so.”



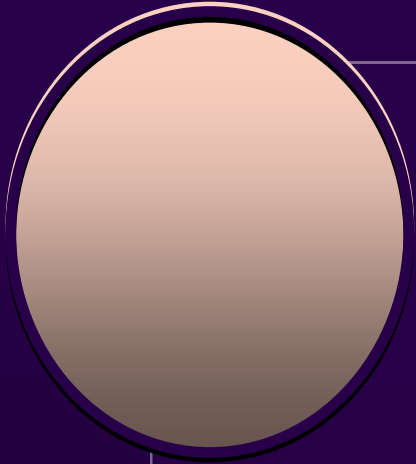
MARRONE NAG- PART 2

PEOPLE SAY TO ME:

**ISN'T IT BETTER TO WORK 2-3 HOURS A WEEK
AT SOMETHING A PERSON LIKES THAN
15-20 HOURS WEEK (OR MORE)
JUST TO MAKE A LIVING?**

SIMPLE ANSWER: NO

**HOW DO YOU ANSWER THIS QUESTION FOR
YOURSELF OR YOUR LOVED ONES?**



***“ Ships are safe in harbor,
but that is not
what ships are built for. “***

----- Anonymous

WHY PEOPLE SHOULD WORK

Marrone & Golowka, 2000

- Unemployment is much, much worse for your mental health than the stresses of employment
- Responsibility of citizenship -- "Part of the deal"
- Work is not enough, but it's a better start on the "American Dream" than unemployment & poverty

WHY PEOPLE SHOULD WORK

Marrone & Golowka, 2000

- **More likely to lead to a career than just planning**
- **It doesn't get easier later on**
- **Employment is a more dependable & less stressful way of life than SSI, SSDI, TANF**
- **Way to meet people & expand networks**

WHY PEOPLE SHOULD WORK

Marrone & Golowka, 2000

- Gives people more status than "consumer"
- Way to help people develop possibilities for intimacy, love, & sex
- Only way to help people find their way out of poverty

WHY PEOPLE SHOULD WORK

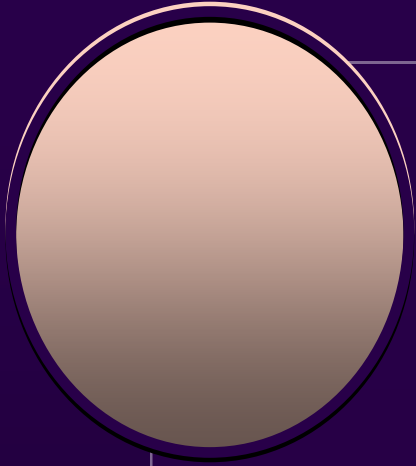
Marrone & Golowka, 2000

- **There's more to do in life**
- **Much more interesting day to day + gives leisure more meaning**

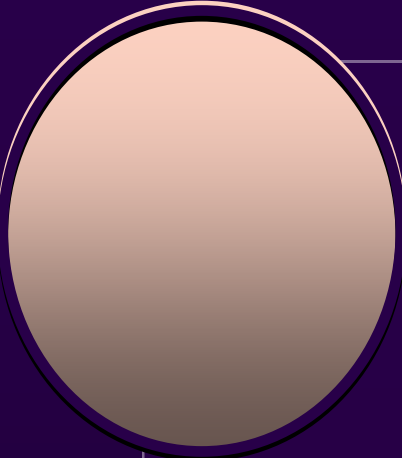


**REMAINING UNEMPLOYED IS
WORSE FOR YOU THAN BEING
EMPLOYED IS GOOD FOR YOU.**

**AVOIDING LONG TERM
UNEMPLOYMENT IS A BETTER
OPTION THAN WAITING FOR AN
IDEAL OR PERFECT JOB MATCH.**



**UNEMPLOYMENT
IS
BAD FOR YOU !!!**



**“IT IS NEARLY IMPOSSIBLE
TO MAKE YOUR OWN
FUTURE
WHEN YOU ARE NOT PART OF
THE
ECONOMIC FABRIC
OF THE CULTURE
YOU LIVE IN”**

PATRICIA DEEGAN

**20th World Congress Rehab International: Oslo, Norway
– JUNE 2004**

MH SYSTEMS /EMPLOYMENT FIGURES 2005

US ADULT MH

OVERALL = 21%

18 - 20 YO = 17.6%

21 - 64 = 22%

65+ = 7.2%

WA STATE ADULT MH

OVERALL = 13-14%

18 - 20 YO = 14.7%

21 - 64 = 11.7%

65+ = 0.8%



FOR THOSE WHO SAY:

**“WHAT ABOUT
SPOUSE/ PARENT
ROLE”**

**PEOPLE W. MI LESS
LIKELY THAN OTHERS
TO BE IN SUCH**

Bruffaerts, R, Sabbe, M., Demyttenaere, K. (2004)
**Effects of Patient & Health-System Characteristics on
Community Tenure of Discharged Psych Inpatients**
Psych Serv 55:685-690, June 2004
-- increases in rehospitalization

Dooley, D., Fielding, J., & Levi, L. (1996).
Health and unemployment.
Annual Review of Public Health

Kasl, S. V., Rodriguez, E., & Lasch, K. E. (1998).
**The impact of unemployment on health and well-
being. In B. Dohrenwend, (Ed.).**
Adversity, Stress and Psychopathology

Lennon, M. C. (1999).
Work and unemployment as stressors.
In A. Horwitz, & T. Scheid, (Eds.).
A Handbook for the Study of Mental Health:
Social Contexts, Theories and Systems

Dooley, D., Catalano, R., & Hough, R. (1992).
Unemployment and alcohol disorders in 1910 and 1990: Drift versus social causation. *Journal of Occupational & Organizational Psych* -----
increases alcohol use

Linn, M. W., Sandifer, R., & Stein, S. S. (1985).
Effects of unemployment on mental and physical health. *American Journal of Public Health*
---- increases in anxiety

Dooley, D., Catalano, R., & Wilson, G. (1994).
Depression and unemployment: Panel findings from the Epidemiologic Catchment Area study.
American Journal of Community Psychology
----- increases in depression

Murphy, G.C. & Athanasou, J.A (1999).

The Effect of unemployment on mental health.

Journal of Occupational and Organizational Psychology

--- large effect size for employment positive, smaller effect size for unemployment as bad.

Darity, W.A. (2003).

Employment Discrimination, Segregation, and Health.

American Journal of Public Health 93[2], 226-231.

--- bouts of unemployment lead to lower self esteem, lower motivation

Darity, W.A. (1999).

Who Loses from unemployment.

Journal of Economic Issues

--- cross national data: greater spousal abuse and suicide

Winefield, A.H., Tiggemann, M., Winefield, H.R., & Goldney, R.D. (1993).

Growing up with unemployment: A longitudinal study of its psychological impact.

--- youth with similar characteristics in school after long term unemployment more depression and anxiety

Claussen, B. (1999). **Alcohol disorders and re-employment in a 5-year follow-up of long-term unemployed.** *Addiction*, 94(1), 133.--- unemployment lead to drinking not vice versa

Comino, E. J., Harris, E., Silove, D., Manicavasagar, V., & Harris, M. F. (2000). **Prevalence, detection and management of anxiety and depressive symptoms in unemployed patients attending general practitioners.** *Australian & New Zealand Journal of Psychiatry*, 34(1), 107.--- unemployed greater anxiety and depression

Weich, Scott, and Glyn Lewis. **"Poverty, unemployment, and common mental disorders: population based cohort study."** *British Medical Journal* 317.n7151 (July 11, 1998): 115(5) -- long term financial strain/ poverty increase amount/duration of MI .

Jin RL, Shah CP, Svoboda TJ. **The impact of unemployment on health: a review of the evidence.** *Canadian Medical Association Journal*. 1995;153:529–540. -- strong positive association between unemployment and poor health

Benavides, F. G., Garcia, A. M., Saez-Lloret, I., & Librero, J. (1994). **Unemployment and health in Spain: The influence of socio-economic environment.** *The European Journal of Public Health*, 4(2), 103.---
Relationship between unemployment, ill health and more use of health services

Crawford, A., Plant, M. A., Kreitman, N., & Latcham, R. W. (1987). **Unemployment and drinking behaviour: Some data from a general population survey of alcohol use.** *Addiction*, 82(9), 1007-1016.--
Unemployed greater binge drinking & adverse results

Montgomery, S. M., Cook, D. G., Bartley, M. J., & Wadsworth, M. E. J. (1999). **Unemployment pre-dates symptoms of depression and anxiety resulting in medical consultation in young men.** *International Journal of Epidemiology*, 28, 95.

--- Unemployment risk factor for psychological symptoms depression requiring medical attention even w/o prior issues

Goldberg, R. W., Lucksted, A., McNary, S., Gold, J. M., Dixon, L., & Lehman, A. (2001). **Correlates of long-term unemployment among inner-city adults with serious and persistent mental illness.** *Psychiatric Services*, 52(1), 101.

Kessell, E. R., Catalano, R. A., Christy, A., & Monahan, J. (2006). **Rates of unemployment and incidence of police-initiated examinations for involuntary hospitalization in Florida.** *Psychiatric Services*, 57(10), 1435.--- Involuntary admissions increase with greater unemployment in labor market

Lerner, D., Adler, D. A., Chang, H., Lapitsky, L., Hood, M. Y., Perissinotto, C., et al. (2004). **Unemployment, job retention, and productivity loss among employees with depression.** *Psychiatric Services*, 55(12), 1371

SIDE EFFECTS OF UNEMPLOYMENT IN THE GENERAL POPULATION

- Increased substance abuse
- Increased physical problems
- Increased psychiatric disorders
- Reduced self-esteem
- Loss of social contacts
- Alienation and apathy

Warr, P.B. (1987), *Work, Unemployment and Mental Health*, Clarendon Press, Oxford

Poverty Rates by Disability

- In 2004, people with mental health disabilities had a poverty rate of 30% compared to 24% for people with any type of disability and 9.1% for people without disabilities.
- People with mental health disabilities have the highest rate of poverty than any other disability group listed in the American Community Services dataset from the U.S. Census.

Source: Houtenville, 2006

**“ WHAT DRIVES ME UP THE WALL IS THE
INTENTIONAL TEACHING OF FEAR OF
HAVING ANY KIND OF MEANINGFUL
LIFE BECAUSE ‘YOU WILL
DECOMPENSATE’ OR
‘ YOU ARE STRESS SENSITIVE’.
THE MOST STRESSFUL THING IN THE
WORLD IS BEING A COUCH POTATO
WITH NOTHING TO DO,
NO WHERE TO GO, AND
NO ONE TO TALK TO. “**

ED KNIGHT, PH.D.

SO WHAT SHOULD SYSTEM/ PROGRAM ADMINISTRATORS DO ???:

**Clear Policy statement from funding authority and
program administration that:**

**Assisting people with psychiatric disabilities to
enter employment is integral to the overall
mission of MH/ providers and thus inherent in the
responsibilities of all its staff & providers,
even those not explicitly charged with
employment service responsibility**

EXPANDING PENETRATION RATE IS KEY: = 20%



SKILLS LINE STAFF NEED:

- **MARKETING IDEAS TO CLIENTS**
- **LISTENING/ MOTIVATING**
- **ABILITY TO INFLUENCE W/O DIRECTING**
- **PROBLEM SOLVING AND “IN VIVO” SUPPORT**

***MENTAL HEALTH SYSTEM
PRINCIPLES
THAT SHOULD BE
STATED & IMPLEMENTED
TO CREATE EFFECTIVE
EMPLOYMENT
OUTCOMES***



PRINCIPLE

Assisting people with psychiatric disabilities to enter employment is integral to the overall mission of MH/ providers and thus inherent in the responsibilities of all its staff & providers, even those not explicitly charged with employment service responsibility (MH – EMPLOYMENT INTEGRATION MAJOR ISSUE).



PRINCIPLE

People should be employed, have the citizenship right to be employed, and will be assisted to do so;

because employment is a way for people to become healthier, more fulfilled, and economically self-sufficient.



PRINCIPLE

**The MH agency/ provider
will combat barriers to
employment that
individuals face such as
stigma, discrimination, &
economic disincentives.**



PRINCIPLE

People have the right and responsibility to choose and change employment consistent with their self-defined interests values, and skills -- aided by significant personal connections in their life (spouses, lovers, family and friends) as well as professional staff.

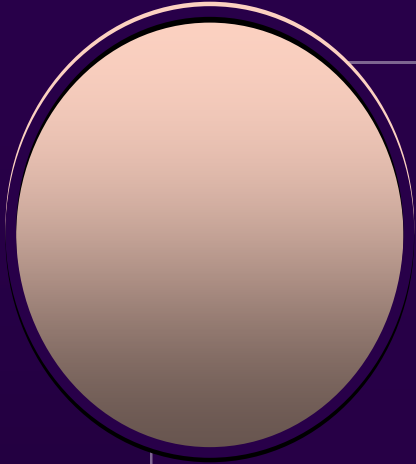


PRINCIPLE

**It is a responsibility of
MH agency/ providers to
facilitate changes in
environmental factors
(anything outside the person)
and skills (the person) to
enable the person to pursue
their job of choice.**

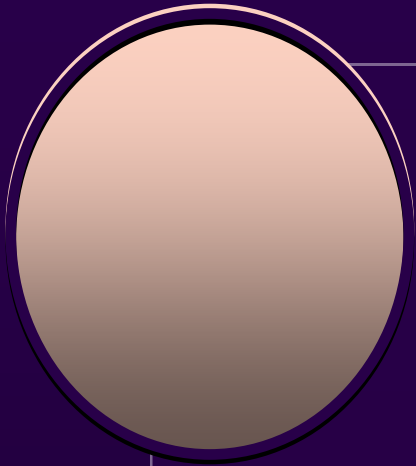
WINNIE THE POOH

**“ WE CAN’T ALL, AND
SOME OF US DON’T.
THAT’S ALL
THERE IS TO IT. ”**



**WHY BOTHER
CHANGING?**

**WHAT'S ALL THE
FUSS ABOUT?**



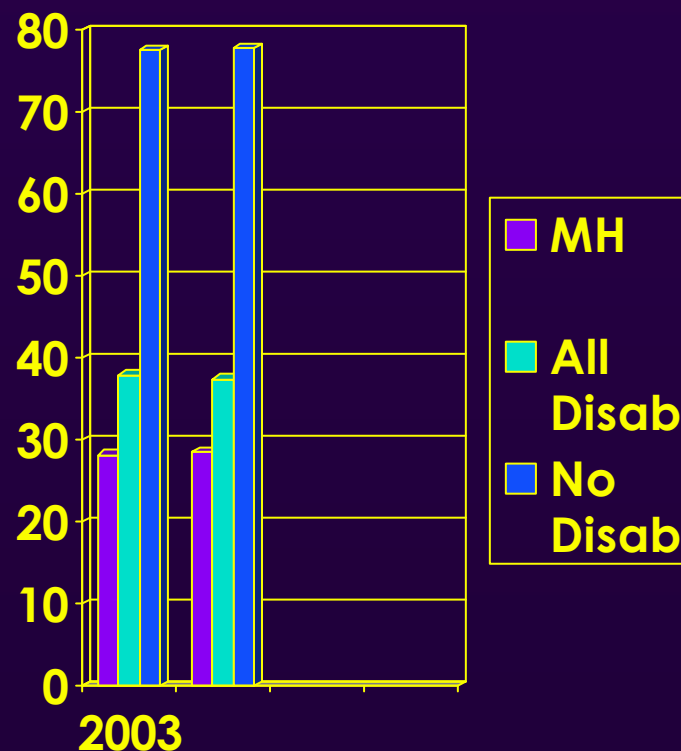
THOMAS EDISON

“ RESULTS!

**WHY, I’VE GOTTEN A LOT
OF RESULTS.**

**I KNOW SEVERAL
THOUSAND THINGS THAT
WON’T WORK. “**

Employment Rates of People with Psychiatric Disabilities



- In 2004, 28.5% of people with mental health disabilities were employed
- In 2004, 37.5% of people with any disability were employed
- In 2004, 77.8% of people without a disability were employed
- Source Houtenville 2006 Disability Status Report

Poverty Rates by Disability

- In 2004, people with mental health disabilities had a poverty rate of 30% compared to 24% for people with any type of disability and 9.1% for people without disabilities.
- People with mental health disabilities have the highest rate of poverty than any other disability group listed in the American Community Services dataset from the U.S. Census.

Source: Houtenville, 2006

People with Disabilities Underrepresented in Workforce

	1987	1992	1997
Men	96.1%	94.8%	95.2%
Men with disabilities	44%	41.6%	35.5%
Women	77.1%	77.6%	80.7%
Women with disabilities	37.5%	34.3%	31.9%

Source: CPS
Burkhauser et al, 1999

Poverty Rates

	1987	1992	1997
Men w/o disabilities	5.8%	7.0%	6.2%
Men w/ disabilities	24.3	26.2	25.5
Women w/o disabilities	9.8	11	9.9
Women w/ disabilities	30.4	32.4	31.8

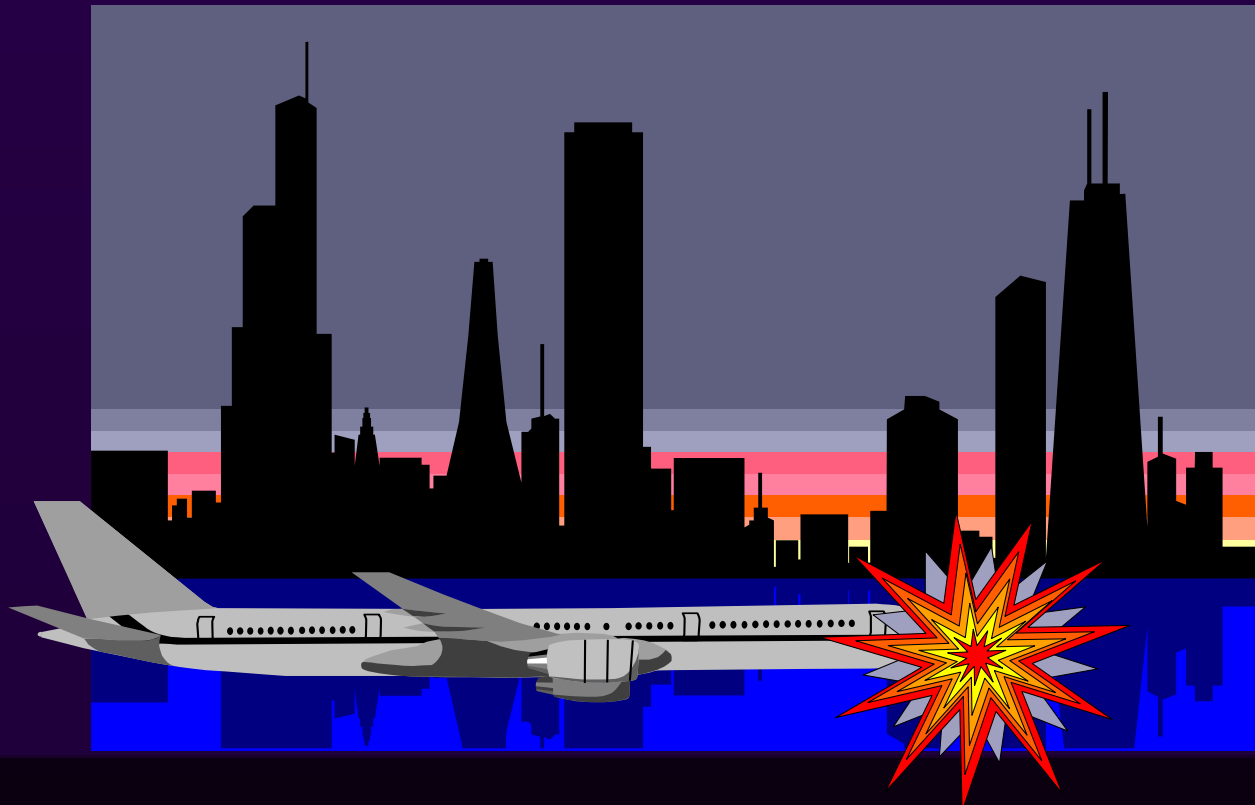
Source: CPS
Burkhauser et al, 1999



THE FIFTH DISCIPLINE

Peter Senge

ASOH'S DEFENSE





CHALLENGES: EMPLOYMENT FOR MENTAL HEALTH CONSUMERS

(Debbie Becker)

- **Most Service Consumers are Out of the Labor Force, Unemployed, or Underemployed**
- **Most Service Consumers Receive Little/ No Services Designed to Help Obtain/ Maintain Employment**
- **In Some States, State-Federal VR Services for People with Mental Illness Showed Only Limited Effectiveness.**



CHALLENGES: EMPLOYMENT FOR MENTAL HEALTH CONSUMERS

(Debbie Becker)

- **Many Consumers Lack Necessary Post-Secondary Education/ Training Required to Advance Beyond Entry Level & Build Careers**
- **Mental Health Consumers Experience Discrimination in Labor Market**
- **Large Proportion of People with Disabling Mental Disorders Live in Poverty**



WHAT ABOUT THOSE WHO ARE EMPLOYED?

UNDEREMPLOYMENT

- Among college graduates with mental health disabilities, 43% are not working, compared to 13% of those without mental health disabilities. (NHIS-D)
- Among employed consumers with college degrees in EIDP, at their highest level jobs, 70% were earning less than \$10/hour (annual salary of \$21,000), and 54% were working less than full time. (Cook et al., 2002; Hall et al, 2003 - NAMI TRIAD)



MENTAL HEALTH CONSUMERS & POST-SECONDARY EDUCATION

- **Only 38% of special ed students diagnosed with severe emotional disturbance graduate from HS**
- **Another 6% receive a certificate (GED)**
- **56+ % do not complete their schooling**
(Kaye, 2001)



DISCRIMINATION IN THE WORK PLACE

In employer surveys over the past 5 decades, employers have expressed more negative attitudes about hiring workers with psychiatric disabilities than any other disability group (with the occasional exception of intellectual or substance abuse disabilities)

(Cook et al., 1993; Diksa & Rogers, 1996)



DISCRIMINATION IN THE WORK PLACE

In a national probability sample (NHIS-D- CDC), one-third (32%) of those with mental health disabilities reported having been (at least one of following) :



NHIS-D SURVEY RESULTS

- **fired, laid off, told to resign**
 - 22%
- **refused employment**
 - 14%
- **refused a transfer**
 - 6%



NHIS-D SURVEY RESULTS

- **refused a promotion**
 - 10%
- **refused a training opportunity**
 - 6%



DISCRIMINATION IN THE WORK PLACE

Baldwin & Johnson Study:

- **significantly larger wage differentials (i.e., labor market discrimination) occurred for those with disabilities thought to evoke "greater prejudice" such as mental illness than disabilities evoking "mild prejudice" such as diabetes**

Baldwin, J.R. & Johnson, J. (1998) 'Innovator typologies, related competencies and performance,' in G. Eliasson, C. Green & C.R. McCann (eds.), *Microfoundations of Economic Growth*, Ann Arbor: University of Michigan Press.



FISCAL REALITIES

- **30% working age adults with disabilities live in poverty (U.S. Census Bureau)**
- **23% those with mental/emotional problems live at or below federal poverty level, compared to 10% of those without mental/emotional problems (NHIS-D)**



FISCAL REALITIES

Among those with disabling mental disorders participating in the EDP, almost three-quarters (73.9%) were at or below the poverty level either:

- living in poverty on SSI
- living in poverty on SSDI
- living in poverty on SSI + SSDI
- living in poverty on neither



OLIVER WENDELL HOLMES

I FIND THE GREAT THING IN THIS
WORLD IS NOT SO MUCH WHERE
WE STAND, AS IN WHAT DIRECTION
WE ARE MOVING. SOMETIMES,
ONE SAILS WITH THE WIND;
SOMETIMES, AGAINST IT.
BUT ONE MUST SAIL, NOT DRIFT,
NOR LIE AT ANCHOR.



**RECOVERY
WITHOUT RESULTS
IS NOT RECOVERY.**

RECOVERY FROM WHAT TO WHAT?

**MOVEMENT FROM REHABILITATION TO
RECOVERY HAS OCCURRED W/O STOPPING
AT EMPLOYMENT
OR ECONOMIC ENGAGEMENT
OR FINANCIAL INDEPENDENCE**

JOE MARRONE



W. EDWARDS DEMING

**“ BEWARE THE
CONTINUOUS
IMPROVEMENT OF
THINGS NOT WORTH
IMPROVING “**

**QUALITY of LIFE & SELF - ESTEEM in WORKING &
NON - WORKING PERSONS with MENTAL ILLNESS**
Carol Van Dongen, 1996

N =

51 WORKERS; 41 NON - WORKERS

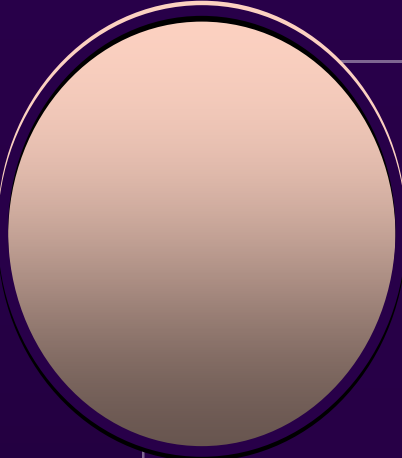
QUALITATIVE ANALYSIS:

CONTRARY TO

NON - WORKER FEARS,

WORKERS SAID IT

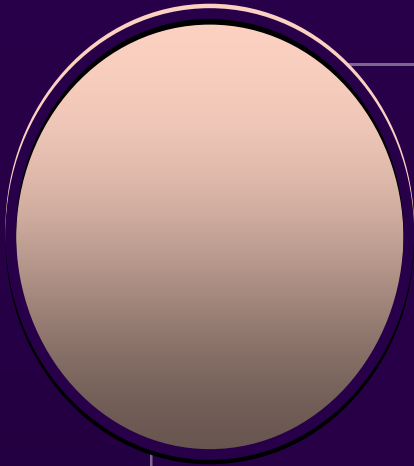
**DISTRACTED FROM SYMPTOMS &
AIDED BETTER MH**



Vanden Boom & Lustig JARC (1997)

PACT CLIENTS :

***LARGE EFFECT SIZE FOUND
BETWEEN THOSE EMPLOYED
VS UNEMPLOYED FOR
ASSESSMENT OF
GLOBAL QOL***



Thom Hartman

“ADD, An Alternate View”

**“I am not
inattentive,
you are just
boring.”**

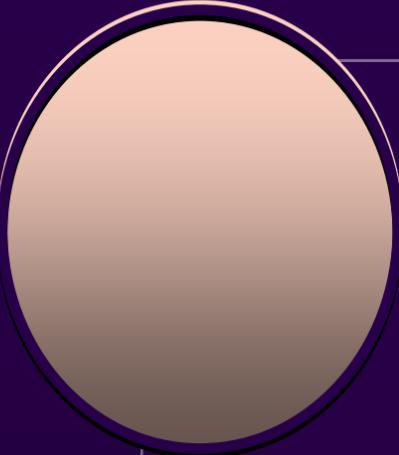
Competitive Employment for People with Severe Mental Illness

- **Say they want to work:**
70%
- **Are currently working:**
<15%
- **Current access to SE:**
<5%

**STATISTICALLY, ADA HAS HAD MINIMAL/
NO IMPACT ON EMPLOYMENT RATES
(CORNELL UNIVERSITY)**

**“He uses statistics as a
drunken man uses
lamp-posts...
for support rather than
illumination.”**

ANDREW LANG

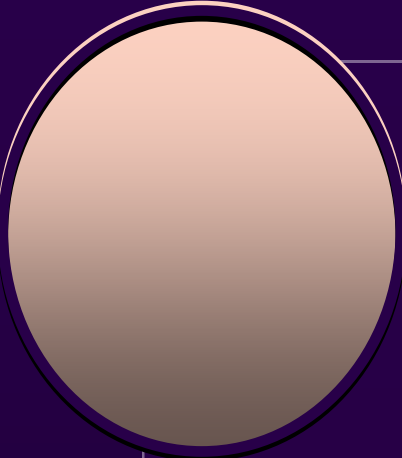


RESEARCH BASED
PRINCIPLES OF IPS MODEL

ROBERT DRAKE, MD
(DARTMOUTH MED SCHOOL)

&

GARY BOND, PH.D.
(IUPUI – DEPT OF
CLINICAL PSYCHOLOGY)

- 
- ***COMP. EMPLOYMENT = GOAL***
 - ***RAPID JOB SEARCH***
 - ***MH & REHAB INTEGRATED***
 - ***TIME UNLIMITED SUPPORT***
 - ***ATTENTION TO PREFERENCES***
 - ***CONTINUOUS ASSESSMENT***
 - ***NEWLY ADDED:
BENEFITS COUNSELING***



Research Based Principles of Successful Vocational Rehabilitation

Adapted from:

**The Employment Intervention
Demonstration Program at the
University of Illinois, Chicago**

JUDITH COOK, PH.D - P.I.

WWW.PSYCH.UIC.EDU/UICNRTC



EIDP OUTCOMES MEASURED

- 1. Income earned.**
- 2. % participants worked at all**
- 3. % participants who worked at least 40 hours in 1 month.**
- 4. % participants competitively employed.**



EIDP OUTCOMES OBTAINED

- Where participants started out unemployed, 55% obtained jobs by end of first year in program.
- Direct cost of voc services = \$2,000 - \$8,000 per person.
- Receiving more hours of clinical services alone did not improve employment outcomes. **BUT** receiving more hours of vocational services did lead to better work outcomes.



SOME VOC SERVICES WORKED BETTER, NOT MODELS PER SE

- ✓ **Integrated MH and voc supports**
- ✓ **Rapid placement - jobs participants chose**
- ✓ **Ongoing support.**
- ✓ **For these programs, the % participants who worked was roughly 5 - 30 % higher than for clinical programs that referred clients to outside vocational providers.**
- ✓ **Collaboration between support providers & businesses that employed participants was linked to improved work outcomes.**



ON GOING SUPPORT IMPORTANT

- **6 month average for participants in study to obtain work**
- **Most participants changed jobs at least once (with an average of 2.3 jobs per person).**
- **For those participants who did change jobs, most were not fired but left jobs for various other reasons.**



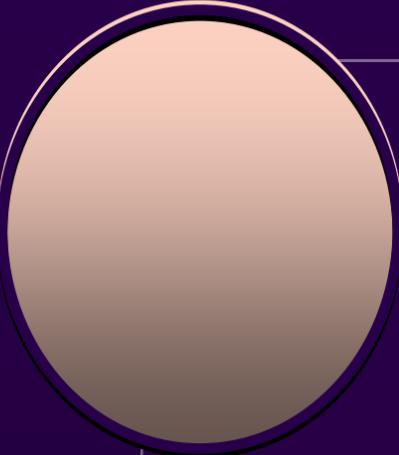
ECONOMIC STABILITY STILL A PROBLEM

- ✓ **Most jobs obtained were entry-level
- 85% part-time.**
- ✓ **Average wage = \$6 per hour.**
- ✓ **Only 15% of full-time jobs provided insurance with mental health benefits.**
- ✓ **72% of participants were receiving SSA benefits at beginning of study. Most continued to receive benefits while working.**

Summary per Gary Bond:

- **People with severe mental illness can work in competitive employment**
- **Programs following evidence principles of employment services have better outcomes**
- **Programs must address financial & organizational barriers for success**

**(PRETTY SIMPLE TO DESCRIBE BUT HARD TO DO OR
“TALK IS CHEAP” PER MARRONE)**



PRACTICES
DIFFERENTIATING HIGH
VS LOW PERFORMING
SE PROGRAMS IN MH

GOWDY, CARLSON, & RAPP
PSYCH REHAB JOURNAL
VOL 26, #3, WINTER 2003



HELPING PEOPLE DECIDE TO WORK

1. ***CASE MGRS/ THERAPISTS
PROMOTE WORK, NOT JUST
MENTION IT***
2. ***CASE MGRS (SOMETIMES TXS)
INITIATE WORK TALK***
3. ***CONSUMERS < TALK FEARS
ABOUT BENEFITS AND MORE
ABOUT DOING THE JOB WELL***



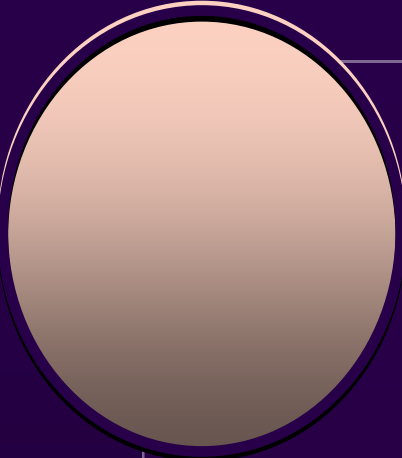
HELPING PEOPLE GET A JOB

1. **< PRE-VOC PROGRAMMING**
2. **RAPID VOC ASSESSMENT**
3. **DVR APPROVAL HAPPENS RAPIDLY
DUE TO HI QUALITY RELATIONSHIP
DVR/ SE STAFF**
4. **MORE COMFORTABLE WITH
DISCLOSURE DISCUSSION**
5. **MORE KNOWLEDGE OF
ACCOMMODATION**
6. **MORE DIRECT EMPLOYER
CONTACT FROM STAFF**



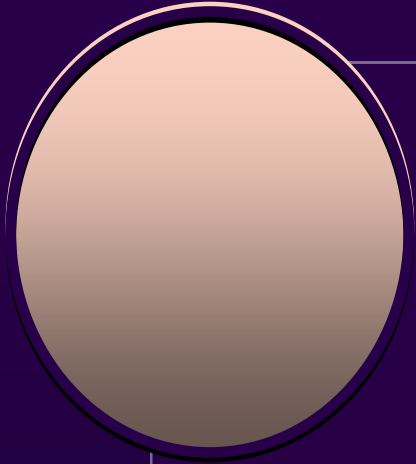
HELPING PEOPLE KEEP A JOB

- 1. *MORE FREQUENT CONTACT W. EMPLOYERS AFTER WORK START***
- 2. *HIGH DEGREE OF SUPPORT FOR PROBLEMS ON JOB***
- 3. *CONSUMERS SAW WORK SITE AS HELPFUL AND FLEXIBLE***
- 4. *CONSUMERS HAD GREATER DEGREE OF JOB SATISFACTION***



**“ YOU NEED A LITTLE LOVE IN
YOUR LIFE & FOOD IN YOUR
STOMACH BEFORE YOU CAN
HOLD STILL FOR SOME DAMN
FOOL’S LECTURE ABOUT
HOW TO BEHAVE.”**

BILLIE HOLIDAY



HOPE,
HELP,
AND
HASSLING



HELPER'S RESPONSIBILITY TO ENGAGE & MOTIVATE

HOPE VS. OPTIMISM? ---

PAT ON BACK VS.

***COMMUNICATING THAT:
YOU CARE***

YOU UNDERSTAND

YOU WILL BE THERE

***YOU HAVE IDEAS &
HELP TO OFFER***



FACTORS INFLUENCING GOAL ATTAINMENT

Tom McCarthy

**I AM NOT GOING TO ACHIEVE EMPLOYMENT OR
EVEN TRY UNLESS:**

- **I HAVE REASON TO GET INVOLVED THAT MAKES
SENSE TO ME AND**
- **I KNOW WHAT STEPS TO TAKE**
- **I FEEL:**
 1. **I HAVE ABILITIES**
 2. **THERE WILL BE SUPPORT WHEN NEEDED**
 3. **THERE IS WAY TO GET AROUND ENVIRONMENTAL
OBSTACLES**

(POVERTY- DISCRIMINATION- WORK DISINCENTIVES)



PROMOTING ENTRY, RETENTION, SUCCESS

Tom McCarthy

1] I HAVE A REASON TO GET INVOLVED:

- **PROMOTE INFORMED CHOICE**
- **TEAM ENCOURAGES REHAB INVOLVEMENT**
- **WILLINGNESS TO GET INVOLVED
W/O CERTAINTY**

2] I KNOW WHAT STEPS TO TAKE:

- **FOCUS ON 1 GOAL AT TIME**
- **PLAN INDIVIDUALIZED &
MUTUALLY DEVELOPED**
- **FIRST STEP MAXIMIZES SUCCESS**



PROMOTING ENTRY, RETENTION, SUCCESS

Tom McCarthy

3] I FEEL I HAVE THE ABILITIES:

- **GAIN ACADEMIC/ OCCUPATIONAL COMPETENCIES & CREDENTIALS**
- **GAIN PRACTICAL COPING SKILLS**
- **LEARNING BY DISCOVERY & OBSERVATION**

4] I FEEL THERE WILL BE SUPPORT:

- **CLIENT, PRACTITIONER, FAMILY, TEAM ALL PULLING IN SAME DIRECTION**
- **FLEXIBLE SUPPORT OPTIONS RELATED TO TYPE, AMOUNT, LOCATION, & DURATION**



PROMOTING ENTRY, RETENTION, SUCCESS

Tom McCarthy

5] I FEEL THERE IS A WAY TO GET AROUND OBSTACLES:

- **OPPORTUNITIES TO OVERCOME
EFFECTS OF POVERTY**
- **ADVOCACY IN WORKPLACE TO
OVERCOME DISCRIMINATION &
STIGMA**
- **STRATEGY TO NAVIGATE THROUGH
WORK DISINCENTIVES AND
USE THEM EFFECTIVELY**



NO MOTIVATION

- **FEAR OF FAILURE**
- **NO SELF - CONFIDENCE**
- **POOR EXPERIENCES**
- **LOSS OF BENEFITS**
- **LACK OF INFORMATION**
- **LAZINESS**
- **OTHERS ???**



MOTIVATION

- **VALUES**
- **EXPECTANCY**
 - **EXPERIENCE**
 - **RESOURCES**
 - **INFORMATION**
- **ENERGY FROM YOU**



JERRY GARCIA

***“ SOMEONE HAS TO
DO SOMETHING
AND IT’S PRETTY
PATHETIC IT’S GOT
TO BE ONE OF US ”***



MOTIVATIONAL INTERVIEWING

- **Express empathy**
- **Develop discrepancy**
- **Avoid argumentation**
- **Roll with resistance**
- **Support self-efficacy**

Miller, W. & Rollnick, S. (1991).

Motivational interviewing:

Preparing people to change addictive behavior.

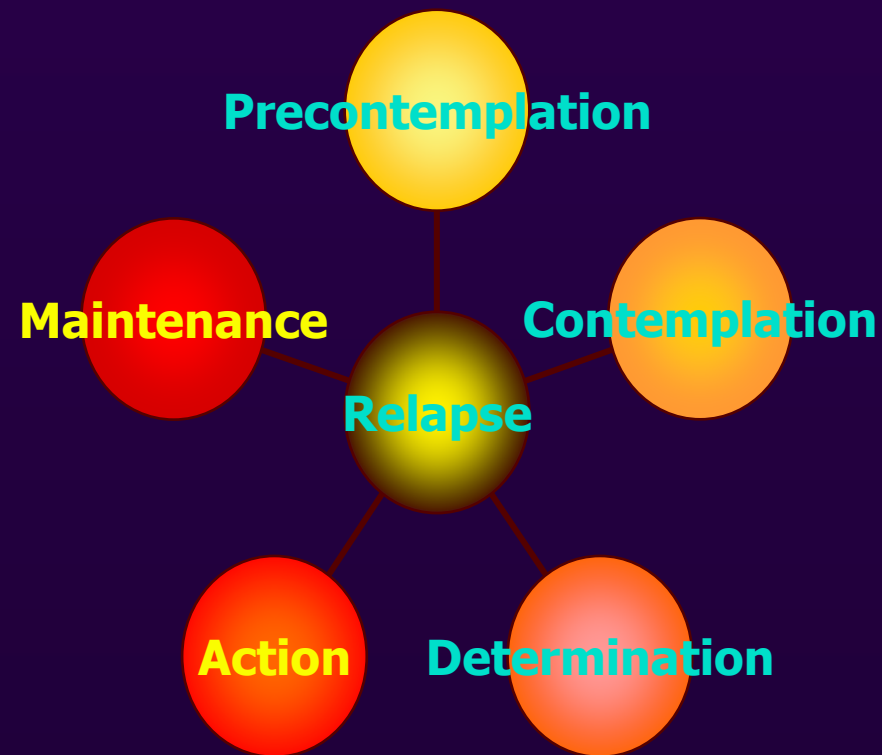


Stages of (Readiness for) Change

- **PRECONTEMPLATION**
- **CONTEMPLATION**
- **PREPARATION**
- **ACTION**
- **MAINTENANCE**
- **TERMINATION**

PROCHASKA, J.O., NORCROSS, J.C.,
DICLEMENTE, C.C. (1994). CHANGING FOR GOOD. NEW YORK,
N.Y.: AVON BOOKS

A Stage Model of the Process of Change





Impact on Employability

Precontemplators: Individuals not considering change

Contemplators: Individuals considering that they have a problem and wondering about whether they are capable of making change and what they have to do

Determination: Individuals having decided to take action to change.

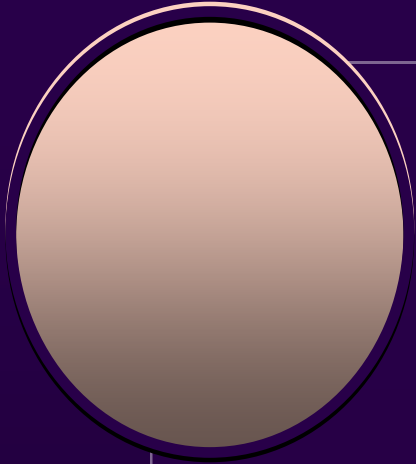


Impact on Employability

Action: Individuals begin to modify problem behavior, which may take several months.

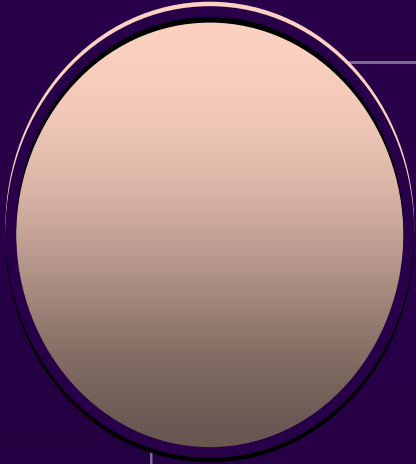
Maintenance: After successfully changing the problematic behaviors, they move on to a sustained change.

However, relapse can occur at any stage, which starts the cycle over again. Often many tries are needed before success is achieved.



John Galbraith

**“Given a choice between changing
and proving that it is not
necessary,
most people get busy with the
proof.”**



QUESTIONS FOR STAKEHOLDERS

????????????

- **WHAT IS THE CHANGE?**
- **WHY CHANGE?**
- **WHAT ARE THE RISKS?**
 - **WHAT WILL BE LOST?**
 - **WHAT WILL BE IRREVERSIBLE?**
 - **WHAT WILL HAPPEN TO ME?**
- **WHAT CHANGES DO I MAKE?**

????????????

- **HOW WILL I FIT IN?**
- **HOW WIDESPREAD ARE THE CHANGES?**
- **HOW FAST (OR SLOWLY !) WILL THEY HAPPEN?**

????????????

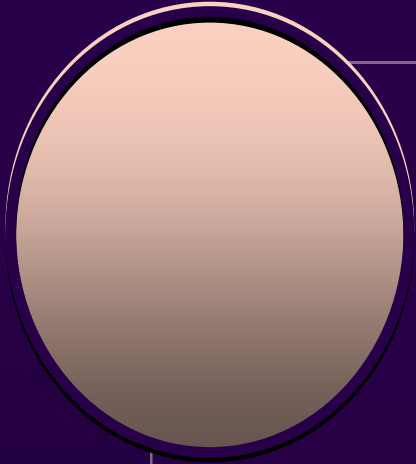
- **WHAT SUPPORTS?**
- **WILL MY NEEDS BE CONSIDERED?**
- **WILL MY NEEDS BE RESPECTED?**
- **WHAT GUARANTEES DO I HAVE?**

MARRONE'S RULE # 1

**NEVER GET MAD AT SOMEONE
FOR NOT DOING SOMETHING
YOU HAVEN'T ASKED THEM
TO DO.**

MARRONE'S RULE # 2

**SOMETIMES YOU CAN
ONLY DO
THE BEST YOU CAN DO,
NOT THE BEST THAT CAN BE DONE.
BUT, ALWAYS
KNOW AND STATE THE DIFFERENCE.**



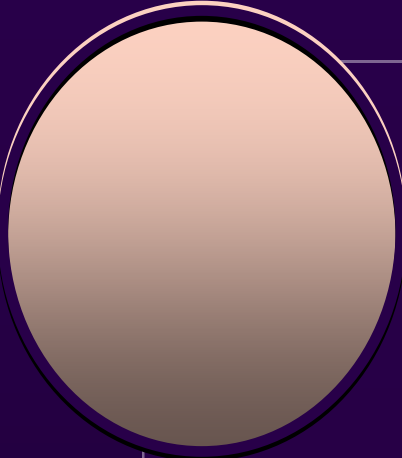
**“It’s a funny thing about life,
if you refuse to accept anything
but the best,
you very often get it. ”**

--- W. Somerset Maugham

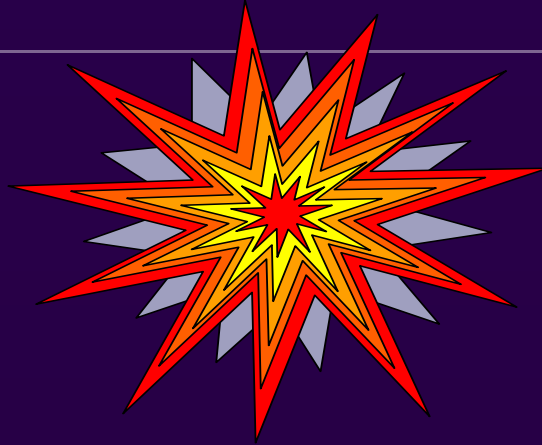
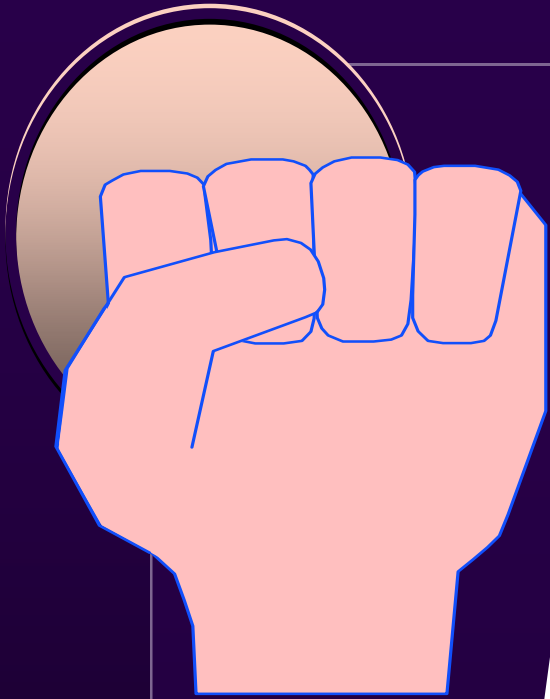


GREEK PROVERB

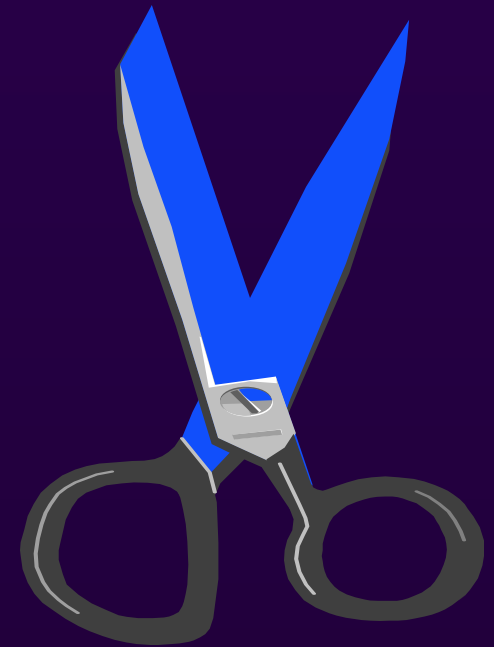
***“ BEFORE PRACTICING
VIRTUE, FIRST
SECURE AN
INDEPENDENT
INCOME. ”***



***COMMUNITY
EDUCATION AS A
CUSTOMER SERVICE
TO BUSINESS
NOT AN
EMPLOYMENT OR
BEHAVIOR CHANGE
STRATEGY***



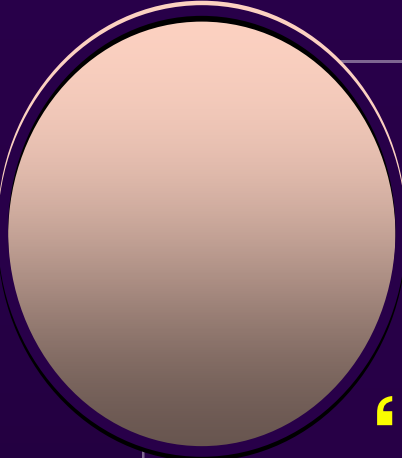
LIZZIE BORDEN SYNDROME





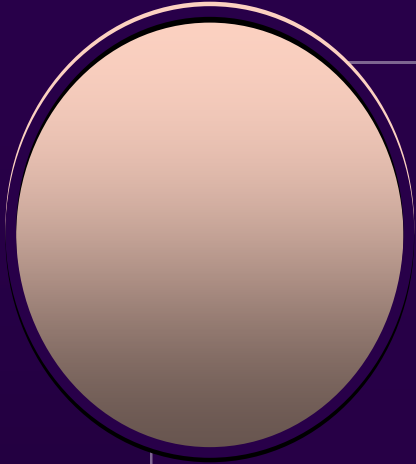
LINE MANAGER -- S.F.

**“ I CAN'T IMAGINE
HIRING SOMEONE
WITH A
PSYCHOLOGICAL
PROBLEM. ”**



RECRUITER -- BALTIMORE

**“ I’D MUCH RATHER DEAL
WITH THOSE WITH
PHYSICAL CHALLENGES.
SIMPLY BECAUSE THEIR
WORK ETHIC IS BETTER &
THEY’RE LESS LIKELY TO
STAB YOU TO DEATH.”**



**“ Some see the glass as
half empty, others as half full.
Personally, I think the glass is
twice as damn big
as it really needs to be.”**

---- George Carlin



FROM *"THE ART OF DEMOTIVATION"*
WWW.DESPAIR.COM

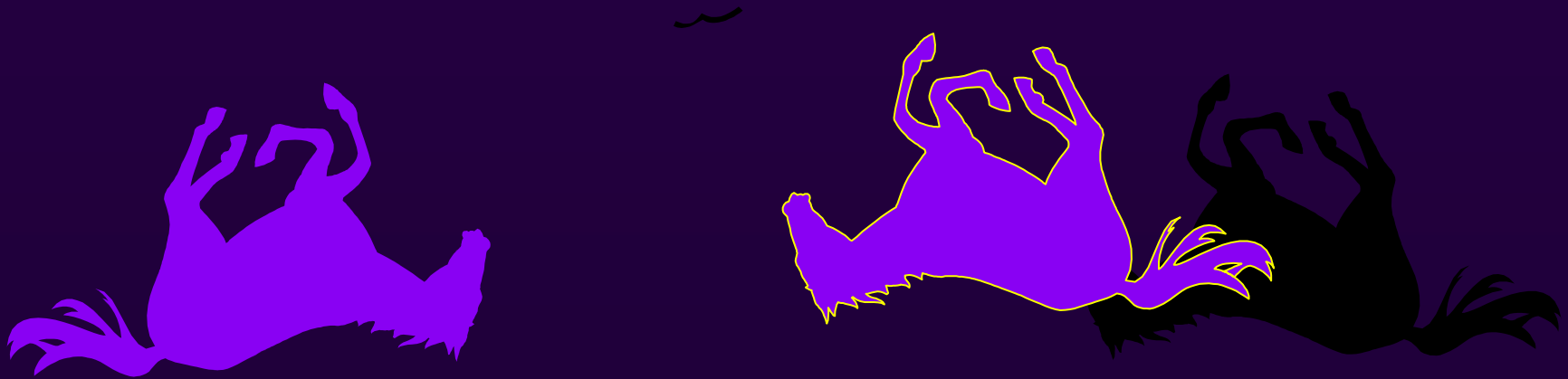
CONSULTATION:
**IF YOU'RE NOT PART
OF THE SOLUTION,
THERE IS STILL GOOD
MONEY TO BE MADE FROM
PROLONGING THE
PROBLEM**



**So why has
Supported Employment
not moved
more fully into
community
practice?**

ANY DEAD HORSES IN YOUR ORGANIZATION?

(TAKEN FROM MATERIAL FROM ARTHUR EVANS, PH.D., DEPUTY COMMR, CT DMHAS)



Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in human services, we often try other strategies with dead horses, including the following:

*** Saying things like “This is the way we have always ridden this horse.”**

or from a Native American Tribal Saying:

"If we don't turn around now, we just may get where we're going."

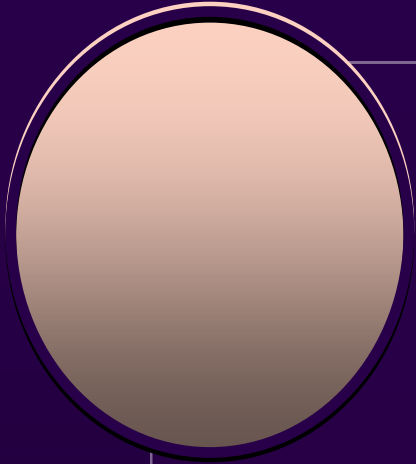
- * Appointing a committee to study the horse.**
- * Harnessing several dead horses together for greater performance**
- * Providing additional funding to increase the horse's performance**
- * Arranging to visit other sites to see how they ride dead horses**

- * Increasing the standards to ride dead horses**
- * Creating a training session to increase our riding ability**
- * Changing the requirements; declaring “this horse is not dead.”**
- * Declaring the horse is “better, faster and cheaper” dead**
- * Promoting the dead horse to a supervisory position**



**Finding a consultant
knowledgeable about dead horses.**





PROGRAM DESIGN/ SERVICE IMPLEMENTATION ISSUES



MARK TWAIN

**" FEW THINGS ARE
HARDER TO PUT UP WITH
THAN THE ANNOYANCE
OF
A GOOD EXAMPLE"**

KEY ISSUES THAT AFFECT MARKETING:

- **DEVALUED, STIGMATIZED GROUP**
- **MULTIPLICITY OF PROBLEMS –
MI, SA, PHYS, DENTAL**
- **LACK OF SOLID WORK HISTORY**
- **POOR APPEARANCE OFTEN**
- **FEW RESOURCES**
- **POOR SELF IMAGE**
- **POOR SENSE OF SELF EFFICACY**
- **FEW EMPLOYMENT ADVOCATES**
- **OTHERS???**

KEY POINTS FOR CAREER ADVANCEMENT

- JOB CHOICE**
- LABOR MARKET**
- PERSONAL STYLE**
- PERSONAL MOTIVATION**
- JOB MOBILITY**
- FLEXIBILITY**
- EDUCATION**
- ASSET DEVELOPMENT/
ENTREPRENURSHIP**



Marketing as Education **NOT Just Passive** **Information Retrieval**

Every conversation you have with an employer about an individual contains both implicit and explicit awareness education.

BUT

Education about mental illness is a business service, NOT a marketing strategy itself as education by itself does not change negative attitudes



AGENCY-WIDE *COMMITMENT*

**DOES EVERYONE KNOW
YOUR ORGANIZATION'S
OVERALL MARKETING
STRATEGY?**

DO YOU HAVE ONE?

Long Term Strategies

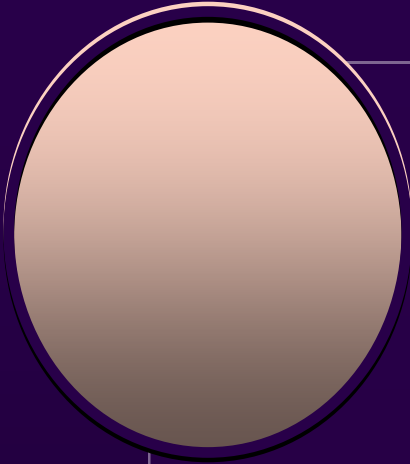
- ✦ Deliver on your promises:
UNDERPROMISE/ OVERDELIVER
- ✦ Call on a regular basis /
- ✦ Be available / flexible
- ✦ Use a personal touch
- ✦ Show your appreciation
- ✦ Ask questions/ Listen/ **SHUT UP!**



QUESTION ???:

**IS YOUR AGENCY'S ROLE
AS A PROVIDER OF SERVICES
TO PEOPLE WITH MI
A BENEFIT OR A DETRIMENT
TO AN EMPLOYER –**

BOTH? NEITHER ?



MARKETING APPROACHES

- **FEATURES**

- **WHAT YOU HAVE TO OFFER**

- **BENEFITS**

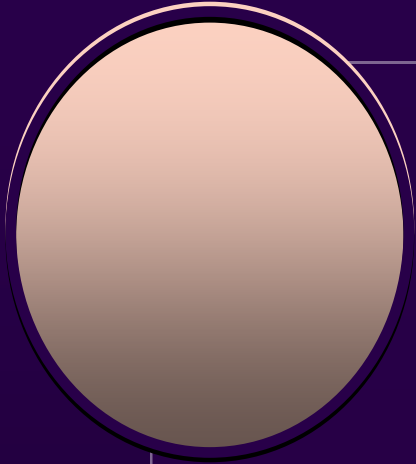
- **WHAT'S IN IT FOR ME?**



BENEFITS OF HIRING PEOPLE W/ DISABILITIES

Butterworth & Pitt-Catsoupes
RRTC- 1995

- **BENEFITS DIRECTLY RELATED TO BUSINESS OBJECTIVES**
 - e.g.: *need for qualified employees*
- **BENEFITS INDIRECTLY RELATED TO BUSINESS OBJECTIVES**
 - e.g.: *community relations, public relations*
- **BENEFITS RELATED TO ORGANIZATIONAL VALUES**
 - e.g.: *moral obligation, doing the right thing*



MARKETING:

QUALIFY RELATIONSHIPS

NATURE OF YOUR RELATIONSHIP?

- * LONG-TERM COURTSHIP**
- * IMMEDIATE HIRE**
- * MANY HIRES OVER TIME**

PERSON

ABILITIES

TOLERANCES

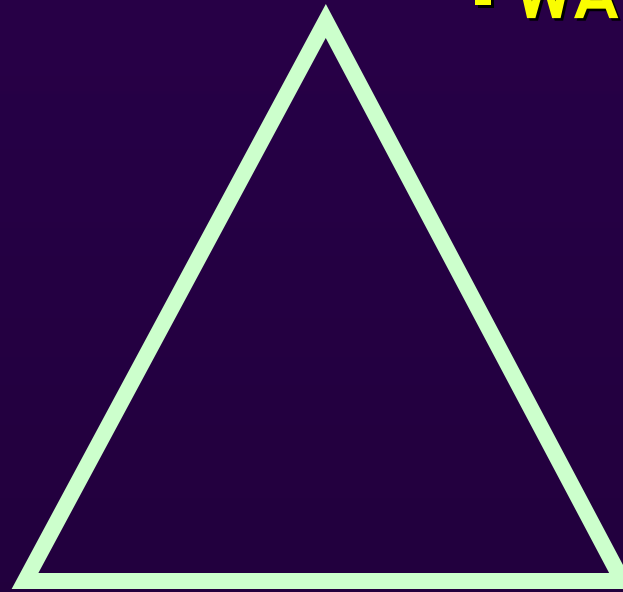
VALUES

- CAN DO?

- WHERE DO?

- WANT/ NEED TO DO?

***TARGETED
INDIVIDUAL
JOB
DEVELOPMENT***



EMPLOYER

- NEEDS

- VALUES

JOB

- ABILITIES

- TOLERANCES



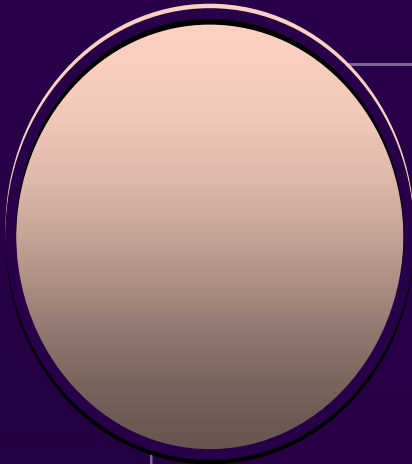
DO YOU WORK WITH ANYONE (COLLEAGUE) WHO:

- ✓ **CAN'T ACCEPT CRITICISM?**
- ✓ **ISN'T PUNCTUAL?**
- ✓ **MISSES WORK DAYS**
- ✓ **ISN'T NEAT?**
- ✓ **IS NOT A TEAM PLAYER?**
- ✓ **ISN'T MOTIVATED?**
- ✓ **COMPLAINS A LOT?**



DO YOU WORK WITH ANYONE (COLLEAGUE) WHO:

- ✓ **HAS POOR GROOMING?**
- ✓ **DOESN'T TAKE INITIATIVE?**
- ✓ **ISN'T DEPENDABLE?**
- ✓ **WON'T TAKE A BUS?**
- ✓ **CAN'T COMMUNICATE WELL?**
- ✓ **IS POOR WITH DETAILS?**
- ✓ **CAN'T ACCEPT SUPERVISION?**



FEATURES

- **EMPLOYEES**
- **SCREENING**
- **ON-SITE SUPPORT**
- **RECRUITMENT**
- **TRAINING**
- **FINANCIAL BENEFITS**
- **WORKERS WITH
DISABILITIES**

BENEFITS

- **PRODUCTIVITY**
- **FEWER PROBLEMS**
- **PROBLEM-SOLVING**
- **LOWER COSTS**
- **SUPERVISOR TIME**
- **INCOME**
- **COMMUNITY IMAGE &
ADA COMPLIANCE**



Assessing Employers' Needs & Concerns

- **Listen first**
- **Ask @ current & future employment needs**
- **Ask @ previous experience with various groups of new or potential employees**
- **Ask @ previous experience with agencies**
- **Describe ideal/troublesome employee**
- **Get info from managers, line staff, & human resources department**
- **Present information in business terms**
- **Help ID & solve specific employment needs**



Business Customer Satisfaction

- **Do you know how satisfied employers are with your service?**
- **Are employers better off because they know you?**



DEALING OPENLY WITH PROBLEM

- ✓ **DESCRIBE PERSON IN TERMS OF JOB QUALIFICATIONS,
NOT PROBLEM**
- ✓ **STRESS IN CONTROL,
USE 1ST PERSON**
- ✓ **POSITIVE CURRENT
FUNCTIONING**
- ✓ **DON'T VOLUNTEER NEGATIVE
INFO**
- ✓ **AVOID MED TERMS OR JARGON**



DEALING OPENLY WITH PROBLEM

- ✓ **LIST OF 3 - 5 ASSETS**
- ✓ **PRE-WRITTEN DETAILS**
- ✓ **CONNECT PROBLEM WITH
SIGNIFICANT LIFE EVENT**
- ✓ **STRESS PERSON IN CHARGE,
CONTROL, & HARD WORK**
- ✓ **PAST PROBLEM VS
PRESENT CAPABILITY**

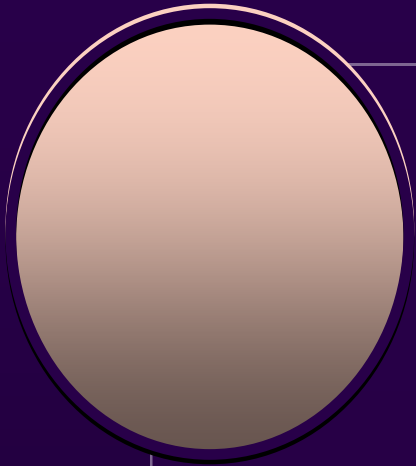


ANTHROPOLOGY 101

- **WHO WORKS HERE?**
- **SOCIAL CULTURE?**
- **PHYSICAL LAYOUT?**
- **FLEXIBLE TASKS & ROUTINES?**
- **HOW/WHEN PEOPLE INTERACT?**
- **FORMAL & INFORMAL RULES?**
- **SOURCES OF POWER & CONTROL?**

JOB ANALYSIS FACTORS

- **SEQUENCE OF JOB DUTIES**
- **COMMUNICATION & INTERPERSONAL DEMANDS**
- **ACADEMIC & PHYSICAL REQUIREMENTS**
- **PRODUCTIVITY / QUALITY STANDARDS**
- **AUTONOMY, JUDGEMENT & SUPERVISION**
- **COMPANY CULTURE**
- **QUALITY STANDARDS**
- **OTHER RELATED SKILLS**



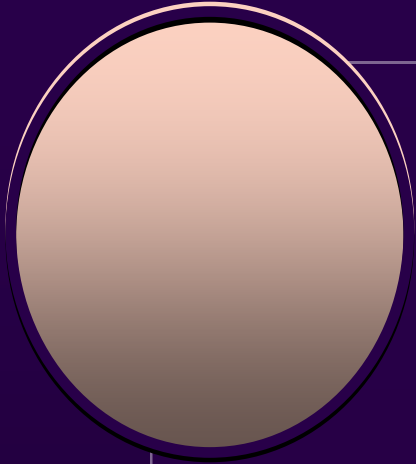
**“ Some see the glass as half empty,
others as half full.
Personally, I think the glass is
twice as damn big as it
really needs to be.”**

---- George Carlin



COUNSELING ON ACCOMMODATION REQUESTS

- **HELP ID ACCOMMODATION**
- **DISCUSS ACCOM = DISCLOSURE**
- **REVIEW EFFECT ON WORKPLACE PERCEPTIONS**
- **INFO RE: ADA**
- **WORK ON HOW REQUEST MADE:**
 - **WORDING TO HIGHLIGHT MUTUAL BENEFIT**
 - **RESOURCES FOR EMPLOYER**
 - **TIMING**



**EVEN WHEN BEING
OPEN,
REMEMBER
THE TERM IS
DISCLOSURE
NOT
CONFESSION!**



**FROM THE VILLAGE,
LONG BEACH, CA**

**RATIONALE FOR
NON-DISCLOSURE IN JOB
DEVELOPMENT**

UNLESS OTHERWISE DIRECTED BY CLIENT

**STRATEGY IS BASED ON THE
UNDERSTANDING THAT:**

- A) NEITHER DISABILITY NOR DIAGNOSIS
DEFINES EMPLOYABILITY**
- B) AN INDIVIDUAL'S HIDDEN DISABILITY
ONLY ONE OF LARGE NUMBER OF
PERSONAL ISSUES NOT USUALLY SHARED
WITH EMPLOYERS BY ANYONE**
- C) DISCLOSURE CAN OFTEN BECOME A
BARRIER TO GETTING HIRED –
DISCRIMINATION**
- D) ENORMOUS RECOVERY VALUE IN
HELPING INDIVIDUALS LEARN TO
DESCRIBE THEMSELVES TO STRANGERS IN
TERMS OTHER THAN DISABILITY**

E) COWORKERS AND SUPERVISORS OFTEN TREAT INDIVIDUALS WITH HIDDEN DISABILITIES IN A WAY NOT CONSISTENT WITH OTHER WORKERS BECAUSE THEY ARE “SPECIAL.”

F) PEOPLE WITH HIDDEN DISABILITIES ARE NOT THE ONLY EMPLOYEES WHO NEED ACCOMMODATIONS. MANY ACCOMMODATIONS CAN BE REQUESTED & MET W/O DISCLOSURE.

G) NON-DISCLOSURE POSITIONS THE AGENCY AS AN ASSET RATHER THAN A BURDEN TO THE COMMUNITY.



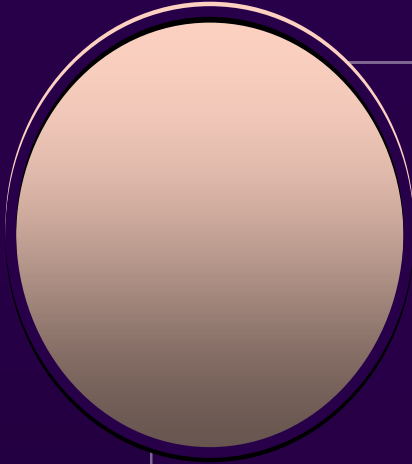
ACCOUNTING FOR PERIODS OF UNEMPLOYMENT

- ✓ **WAIT FOR INTERVIEW**
- Yes or No?
- ✓ **YEARS NOT MONTHS**
- ✓ **LIST JOBS, NOT DATES**
- ✓ **EXPLAIN IN SUMMARY SECTION**
- ✓ **FILL IN W. OTHER WORK**
- ✓ **PUT A POSITIVE “SPIN”**



CONSIDERATIONS -- INTERVIEWING

- **HOW WELL CAN APPLICANT PRESENT & RESPOND TO QUESTIONS?**
- **CONSUMER PREFERENCES?**
- **HOW MUCH INFORMATION BEFORE?**
- **SHOULD YOU BE PRESENT? IF YES,
- HOW DO YOU EXPLAIN YOUR ROLE?**



Demystifying Job Development:
Field-Based Approaches to Job Development for
People with Disabilities
(Hoff, Gandolfo, Gold, & Jordan, ICI, 2001)
<http://www.trninc.com/demystifying.htm>:

Beyond Traditional Job Development:
The Art of Creating Opportunity
Denise Bissonnette
<http://www.diversityshop.com/store/beyondtext.html>

Working relationships: Creating career
opportunities for job seekers with disabilities
through employer partnerships.
Leucking, R., Fabian, E., & Tilson, G. (2004).
<http://www.pbrookes.com>



AK VR COUNSELOR

**“ WE KNOW ALL THIS
STUFF.**

**JUST BECAUSE WE DON'T
DO IT,
DOESN'T MEAN WE DON'T
KNOW IT !!! “**



AMBROSE BIERCE

BORE, n. --

**“ A PERSON WHO TALKS
WHEN YOU WISH HIM TO
LISTEN. ”**



WILLIAM JAMES

***“ MANY PEOPLE
THINK THEY ARE
THINKING WHEN
THEY’RE MERELY
REARRANGING
THEIR PREJUDICES ”***

APPROACH TO DISCLOSURE OF MI IN JOB SEEKING

*CLINTONESQUE ADVICE IS
BEST:*

*LESS, RATHER THAN MORE;
LATER, RATHER THAN
SOONER*



WHAT TO TELL- DECISION TREE?

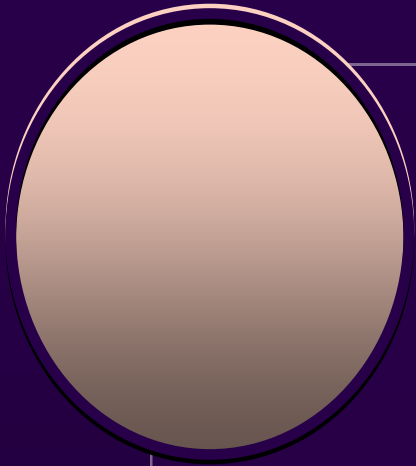
- 1) **PERSONAL ETHICS?**
- 2) **IS THE TRUTH RELEVANT?**
- 3) **IS THE TRUTH BETTER?**
- 4) **ABILITY TO HIDE FACTS?**
- 5) **CAN THE FACTS BE CHECKED?**
- 6) **EFFECT ON THE PERSON?**
- 7) **CONSEQUENCES?**



APPROACHES

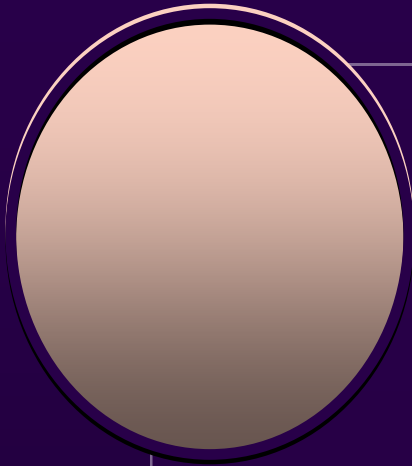
- ***RESPOND TO OBJECTIONS BY :***

- **ACTIVE LISTENING**
- **REPEATING/ CLARIFYING**
- **ACKNOWLEDGING CONCERN**
- **OFFERING INFO TO ADDRESS**
- **GAINING ASSENT**



RITA MAE BROWN

***“ IF THE WORLD WERE A
LOGICAL PLACE,
MEN WOULD RIDE
SIDESADDLE “***



COLLABORATION

- ✓ **DON'T ASK BEFORE YOU GIVE SOMETHING FIRST**
- ✓ **ALWAYS SAY YES TO FIRST**
- ✓ **LEVELS OF CHANGE:**
 - **YOURSELF**
 - **YOUR ORGANIZATION**
 - **OTHER SYSTEMS**



FACTORS CRITICAL TO COLLABORATION

- Individual partners - either barrier or facilitator
- Commitment over time
- Involvement of front-line staff
- Existence of formal written agreement
- Joint training activities
- Readiness for consumer involvement
- Trust

*Katz, L. (1992). Psychiatric Rehabilitation:
A Handbook for Practitioners. St. Louis, Missouri:
Warren H. Green, Inc*

IMPORTANT FACT OF LIFE !!!:

**BEFORE YOU START
ASKING FOR OTHER
PEOPLE'S MONEY,
YOU BETTER BE SURE
YOU ARE USING YOUR OWN
MONEY WISELY AND
CAN PROVE IT TO
THESE "OTHER" PEOPLE**

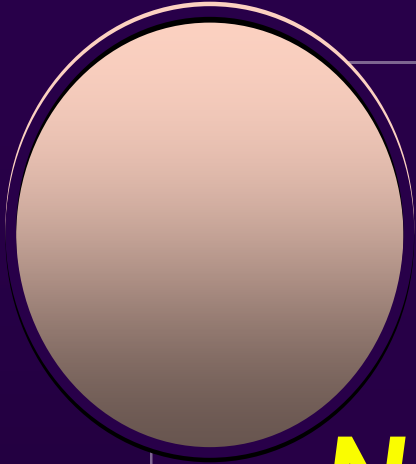
IMPORTANT FACT OF LIFE

PART DEUX !!!:

PROVING IT TO THESE

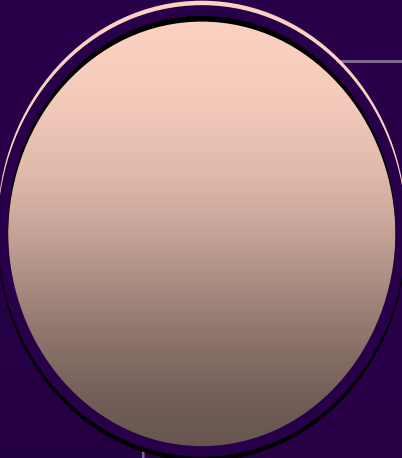
“OTHER” PEOPLE MEANS:

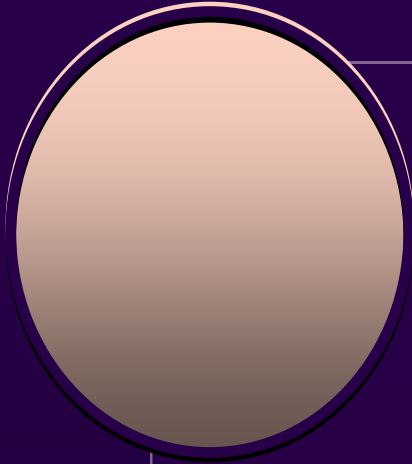
- 1] YOU CHANGE HANDS & FEET
AS WELL AS HEARTS & MINDS**
- 2] YOU DEFINE “OUTCOMES” IN
WAYS OTHERS DEFINE THEM**
- 3] YOU ARE COMFORTABLE
MAKING PROCESS EASIER BUT
THE WORK HARDER FOR YOUR
OWN SYSTEM**



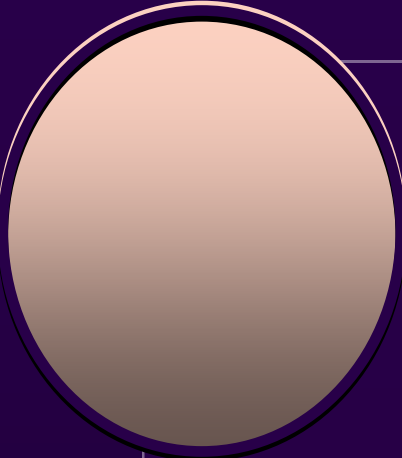
***Nothing is less productive
than to make more
efficient what should not
be done at all.***

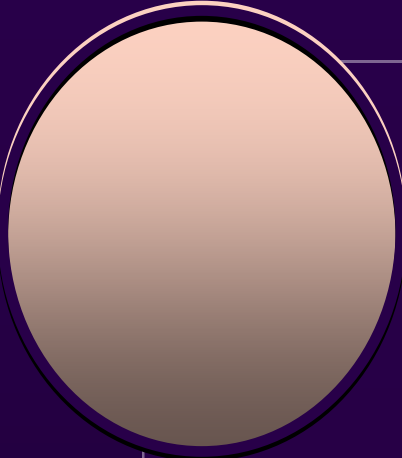
Peter Drucker

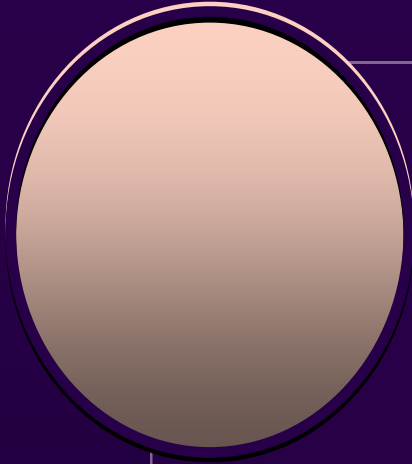
- 
- ◆ **DON'T TRY TO CHANGE THE PERSON'S MIND ABOUT NOT WORKING**
 - ◆ **DON'T HAVE A PROCESS WHERE EVERYONE HAS A CAREER PLAN, INDEPENDENT OF AN ISP, IEP, IHP, OR IWRP**
 - ◆ **EVERY STAFF PERSON DOES NOT ASK ABOUT PERSON'S CAREER AND LIFE GOALS**



- ◆ **ANYONE YOU SUPPORT
MAKES < MINIMUM WAGE**
- ◆ **DON'T ACTIVELY USE ADA**
- ◆ **THERE ARE PEOPLE YOU
"SCREEN OUT"**
- ◆ **THE PERSON YOU HELP CAN'T
"RELATE" TO YOU IN SOME
SORT OF PERSONAL WAY,
NOT NECESSARILY FRIENDSHIP**

- 
- ◆ **ANYONE WORKS IN A SEGREGATED PLACE OR ONLY WITH GROUPS OF PEOPLE LABELLED DISABLED**
 - ◆ **ANYONE IS IN DAY HAB, DAY TX, ACTIVITY CENTER, ACHIEVEMENT CENTER, NURSING HOME, ENCLAVE, ACTIVITY/ SOCIAL GROUP, OR IN A HOSPITAL FOR OTHER THAN ACUTE CARE**

- 
- ◆ **DON'T HAVE A WELCOMING LETTER**
 - ◆ **DON'T SAY *HI* & *SMILE***
 - ◆ **PEOPLE AREN'T GREETED BY THOSE THEY ARE MEETING**
 - ◆ **YOU DON'T HAVE AN EASY CAPACITY TO MEET PEOPLE IN PLACES & AT TIMES CONVENIENT FOR *THEM***



**YOUR RESULTS ARE NOT
COMPARED TO THOSE FOR
PEOPLE WITHOUT DISABILITIES:**

MEDIAN WAGE

UNEMPLOYMENT RATE

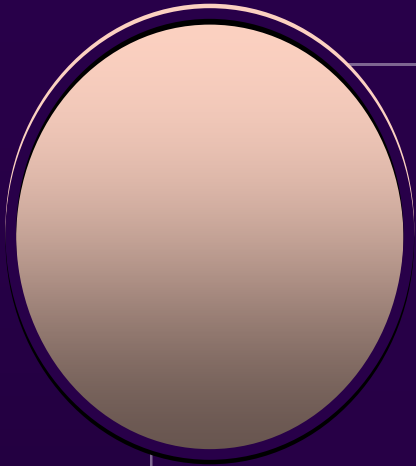
HOUSING OPTIONS

TRANSPORTATION

INTIMATE RELATIONSHIPS



**“ ANY TIME YOU THINK
YOU HAVE INFLUENCE,
TRY ORDERING AROUND
SOMEONE ELSE’S DOG”**



ANTON CHEKHOV

**“ PEOPLE ARE FAR MORE
SINCERE AND GOOD-
HUMORED AT SPEEDING
THEIR PARTING GUESTS
THAN
ON MEETING THEM. “**



OLD YIDDISH PROVERB

**If 1 person calls you a jackass,
ignore him;**

**If a second person calls you a
jackass, think about it;**

**If a third person calls you a
jackass- get a saddle.**

**" There is nothing you can say in
answer to a compliment. I have
been
complimented myself a great
many times, and they always
embarrass me**

**-- I always feel they have not
said enough. "**

Mark Twain

**“Some cause happiness
wherever they go;
others,
whenever they go.”**

OSCAR WILDE



**“ DON'T LET IT END
LIKE THIS.**

**TELL THEM I SAID
SOMETHING.”**

***LAST WORDS OF PANCHO VILLA
(1915)***